

**THE
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THE PSYCHOANALYTIC QUARTERLY

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PROBLEMS OF PSYCHOANALYTIC TECHNIQUE

BY OTTO FENICHEL (LOS ANGELES)

I

Introduction

One might expect that of all the subjects with which psychoanalytic literature deals, questions involving what actually takes place in a psychoanalytic treatment and how the analyst's part therein may be made most effective would predominate. But this expectation does not prove to be correct. Questions of technique are approached in only a small proportion of psychoanalytic writings. This fact may have various causes. In the first place, because the young science of psychoanalysis has as its object of study the totality of human mental phenomena, it must set itself so many questions that the problem of therapeutic technique becomes just one subject among many others. Second, analysts doubtless have a particular aversion to a detailed discussion of this subject, based in part on subjective uncertainty or restraint, but to a greater extent based upon the objective difficulties of the matter itself. A third reason is however the decisive one: the infinite multiplicity of situations arising in analysis does not permit the formulation of general rules about how the analyst should act in every situation, because each situation is essentially unique. Freud¹ therefore declared a long time ago that just as in chess, only the opening moves and some typical concluding situations

This paper is the first part of a contribution by Dr. Fenichel to the problems of psychoanalytic technique. The remainder will appear in succeeding issues of *The QUARTERLY*.

¹ Freud: *Further Recommendations in the Technique of Psycho-Analysis*. Coll. Papers, Vol. II. London: Hogarth Press, 1933. p. 342.

are teachable, but not all that goes on in between and comprises the actual analytic work.

Nor can this presentation dispel those difficulties inherent in the subject. The transcript of a course of lectures given in 1936 in the Vienna Psychoanalytic Institute, these discussions presuppose in the reader an elementary understanding of analytic technique as well as a knowledge of the general theory of neuroses. They do not attempt to fill the place of a textbook on technique for which the time is not yet ripe, but rather, as the title states, to deal with selected problems of technique.

The selection of problems is such that I am prepared to hear the objection that my discussions are 'too theoretical'. But I know from experience that one circumstance often makes particular difficulties for inexperienced analysts: they may react in their analytic practice in a thoroughly free and elastic manner, and they may also show a good knowledge of the theoretical concepts; however, their practical and their theoretical knowledge remain to a certain extent isolated from each other. It is difficult for them to recognize again the well understood theoretical concepts in what they see and experience in the patient, and still more in what they themselves say and do during the analytic hour.

For this difficulty, I believe, help must and can be given. And this is all the more necessary because especially in psychoanalysis there exists between theory and practice an interesting and particularly important continual reciprocal action. The presence of this reciprocal action is indeed generally recognized, but it has not yet been studied in sufficient detail, although as long as sixteen years ago Freud chose exactly this reciprocal action as the subject for a prize competition.² With a technical innovation (the abandonment of hypnosis and the introduction of free association) the history of psychoanalytic theory began, and theoretical comprehension of the dynamic-economic interactions of psychic mechanisms makes possible

² Cf. *Int. J. Psa.*, III, 1922. p. 521.

the evolution of technique. Today, with the help of psychoanalytic science, we are in a position not only to understand the origin of neuroses and of character traits, but also to achieve a comprehension of what the analytic therapist does and to judge theoretically the suitability or unsuitability of his actions. It is the task of every theory in all of science to lead to better practice. Therefore we will try to use our theory for this purpose and to apply it to our everyday work.

Before organizing our plan for this undertaking, two objections must be met which have been repeatedly raised against the formulation of a theory of technique. The one objection is of a very general sort and holds that 'technique' means 'practice', and therefore that a 'theory of technique' would be a 'theory of practice', a contradiction in terms. This is specious logic. Our theory attempts to sum up as general laws of human psychic activity, the facts which have been gathered by the psychoanalytic method in individual instances. What takes place in the analytic procedure can and should be described with the help of these laws just as well as what takes place in any other experiences. The second objection, which Reik³ especially raises, describes more exactly the supposed danger of a 'theory of practice'. Reik believes that such a theoretical description of what goes on in analytic practice is indeed possible, but should play no rôle or only a very small one in training. He believes the grayness of theory might obscure the verdure of the golden tree of life. If in any of the natural sciences too much theory can mislead the investigator into speculation, this would be the result especially in the still young science of psychology. This has a particular basis in the nature of its subject matter. Scientific comprehension destroys the rich variety of qualitatively colored experience through its tendency toward mere quantitateness. Psychoanalytic technique can not dispense with intuition which in its empathy with patients requires just the not-reasoned but merely describable abundance of the feelings: psychic reality itself, and not its dead

³ Reik, Theodor: *New Ways in Psycho-Analytic Technique*. Int. J. Ps., XIV, 1933. pp. 321-334.

conceptual image. It is surprising (from our point of view not at all surprising) that the new book of Reik⁴ which emphasizes this attitude so much, gives us the best *theory* of intuition and empathy that we so far have.

When we ask for theory, we do not ask for a speculative restriction of the field of vision to a conceptual world instead of reality, just as the physicist does not turn away from reality in his need for theory. We know from the psychology of compulsion neurosis that there can be a flight from the vividness of the world of instinct into the shadow world of words and concepts—a form of defense in which the warded off instincts usually return, changing, for example, an instinctual conflict into a doubting mania. We are familiar also with a flight in the opposite direction: away from unpleasant knowledge into the dark twilight of vague intuition, alien to intellect, with possibilities of magical uses. In a therapeutic method based on science, both these types of flight have no place.

Because of the great danger that as a partisan of theory we might be classed with compulsion neurotics, it is worth while to say a little more about the matter. Particularly now that psychoanalytic knowledge is penetrating into broader circles, patients often come to us who think they must collect facts from their childhood and interpret dreams. They try to do this with their intellect in an isolated way without any dynamic change in the positions of their instinctual conflicts. We shall speak later about the nature of this resistance and about how to overcome it. There are inexperienced analysts who are subject to the same mistake as such patients. When they are promised a 'theory of technique', they expect definite rules of procedure determining all details, prescribing for them where possible the words that they should speak to the patients. Like compulsion-neurotic patients, these analysts are in danger of substituting theoretical ideas for psychic reality, and probably for the same reason: fear of the real object of their procedure, which is the uncovering of instincts and emotions.

⁴ Reik, Theodor: *Surprise and the Analyst*. New York: E. P. Dutton & Co., 1937.

But when we emphasize that the analyst must constantly make *use* of his knowledge of the dynamics and economics of psychic life, we want particularly to *prevent* the beginner from allowing his patient to offer him in a state of resistance a discussion of concepts as a substitute for experiences. It is pure supposition that any effort to make analytic technique more systematic means an attempt to replace with sophistry the dynamics of forces; or that the effort to comprehend the task of technique at every point in an analysis from the dynamic-economic point of view is an endeavor to replace 'free floating attention' by continual reflection upon what would then be 'the right thing to do'. There are doubtless some analysts who would like to substitute knowledge for experiences and who therefore do not dissolve repressions but rather play thinking games with their patients. There are perhaps at least as many analysts who commit another equally serious error. They misuse the idea of the analyst's unconscious as the instrument of his perception so that they do hardly any work at all in analysis but just 'float' in it, sit and merely 'experience' things in such a way as to understand fragments of the unconscious processes of the patient and unselectively communicate them to him. Thus there is lacking the oscillation from intuition to understanding and knowledge which alone makes it possible to arrange in a larger context the material which has been understood with the help of the analyst's unconscious. Only in this way can we get a picture of the whole structure of the individual which, even though it is always of a provisional nature and alterable at any time according to new analytic experiences, still determines the order and the nature of our interpretations. The so-called 'timing', which determines when and how a given matter is to be revealed to the patient, seems to me *not* the result of a definite biological rhythm as Reik⁵ claims, but quite determinable in a systematic way and therefore teachable in a proper degree through comprehension of the definite dynamic changes which take place in the patient during the analysis.

⁵ Reik, Theodor: *Ibid.*

It is just this that I wish to try to demonstrate. It is also not correct to state that the rôle of the unconscious as an instrument of knowledge is different in principle in psychoanalysis from what it is in other natural sciences. This difference is reducible to a quantitative one (to be sure a still significant difference) if one is reminded for example of the discovery of the benzene ring in chemistry.⁶

A constant and important task of the analyst is to steer a course between the Scylla of talking instead of experiencing, and the Charybdis of unsystematic 'free floating' that corresponds to the 'acting out' of the patient and is not comprehended by a reasoning power that keeps ulterior aims in view. Therefore we wish to comment in advance somewhat further on this Scylla and Charybdis, before entering into a more detailed discussion of technique.

Let us consider first, the danger of talking instead of experiencing. Words are in general the best means of communicating experiences. But it is well known that they can also be misused for the opposite purpose, that is, to conceal something by 'talking around' it. 'Working in the realm of psychic reality' means preventing such a misuse. We shall have more to say about the fact that this prevention can take place not through shouting and moralizing, but through understanding the origin and tendency of the special type of misuse in the patient in question.

I choose a somewhat extreme example. A patient who has had some previous analysis tells that he is inhibited in automobile driving. Because he has a somewhat indefinite fear of an accident, he turns the steering wheel a little and drives in slightly curved lines instead of straight. He states: 'I know I do that out of sadism, because unconsciously I want to run over everybody'. This interpretation happened not to be correct; the chief cause of his uncertainty was fear of his own excitement in driving, and turning the steering wheel represented an attempt to get out of the car with the car, so to

⁶ Robitsek, Alfred: *Symbolisches Denken in der chemischen Forschung*. Imago, I, 1912, pp. 83-90.

speak, by leaving the road. The incorrectness of the interpretation is immaterial; it might have been correct. Such an interpretation we should certainly not accept gratefully as insight into his unconscious; but we should ask: 'How do you know that?' We shall easily be able to show him that his sadism is not experienced as a reality, but is merely thought of as a possibility. Thus in the case of the compulsive interpretations of many compulsion neurotics, what will interest us is not whether the interpretations are correct or not in content, but rather the fact that they are the expression of an unconscious tendency of the patient to protect himself against the danger of startling experiences by rapid anticipation of them in words and thoughts; and we shall attempt to induce the patient to become aware of his fear of surprises about which he is as yet ignorant.

In the case of the automobile driver the matter progressed as follows. At first he held it very much against me that instead of coöperating with his apparent readiness to analyze, I exposed it as a resistance, as a symptom of a continual protection against feelings he feared. Then he found the formula: 'But that is exactly my sickness, the fact that I can not admit such feelings. You should cure me of that. And you demand as a prerequisite for the cure that I should be able to feel in the analysis.' Thereupon I tried to make it clear that I did not make such a 'demand', but that he should search within himself and see that this not-having-feelings was really a wish-not-to-have-feelings actively put into play by himself. Making this clear succeeds best when one ferrets out the weak points in the patient's defense system—those points where he has in his preconscious, without knowing it and in a displaced and distorted form, the feelings belonging to what he has said. At these points he can discover the feelings when his attention is turned in that direction by the analyst's initiative.

It was indeed a great triumph one day in this patient's case, when after the hour had sounded particularly superficial, insincere, and artificial, he said: 'During the entire hour I have had a slight feeling of pressure in my abdomen'. The

important thing then was to show him that this feeling of pressure and not the words he had uttered represented the 'associations' we were looking for in that hour—that is, the true derivatives of the unconscious.

'It was not fear', he said, 'only a sort of slight pressure.'

'Like a stomach ache?'

'Not like that either. It was something mental, but not like anxiety. Rather like a nightmare, when one thinks that something is sitting upon one's chest.'

Here we have a good example of defense by means of *negation*; for in a nightmare it is precisely fear that one experiences. Naturally the analysis now progressed to the point of making the patient realize how he was speaking about this feeling of pressure, again not like a person who is experiencing it, but like a physician who is describing the sensations of a patient in a case history.

This example is a rather gross one but just because of that it shows clearly what we mean by the 'Scylla of talking instead of experiencing'. Study of the theory of technique need not mislead one to joint speculation with one's compulsive neurotic patients in lieu of analyzing them. The criteria as to whether or not one is working on the level of 'psychic reality' are indeed nothing else than the 'clicking' that one feels with all 'genuine' utterances of the patient and correct interpretations of the analyst. What 'genuine' means in psychic life would require a separate investigation. For the time being it must suffice to say that it means essentially this: 'passing from impulse to motility without going through a filter of defensive ego'.

A successful piece of analysis, the actual abolition of a defense in the dynamic sense, is characterized as Reik states, by a certain experience of *surprise* and also by a simplification of the natural arrangement of the material which automatically takes place again and again with each successful gain of new insight. In this way many different matters combine into a unity and things that seemed very separate are shown to

belong together and even to be identical with each other, which was not recognized before because they were looked upon previously from different aspects. The 'surprise' does not presuppose, in my opinion, that nothing has been previously thought about the subject in question, nor indeed that one must not have thought about it in order not to exclude the possibility of a subsequent surprise. The surprise is all the more convincing when it can fill words or thoughts that are already known with a new content of experience. It is always a satisfaction when a patient or a candidate in training analysis who for a long time has known the theory of the œdipus complex or of the castration complex or only the theory of resistance, can say, after an effective hour in which he had not thought about it at all: 'At last I see that these experiences are just what one means by the œdipus complex (or castration complex or resistance)'.

I shall cite an everyday example of this. When a woman clearly manifests a conflict between a wish to show herself off and an opposing modesty, and when basically it is a fear of disgrace that opposes the exhibitionism, that is, the idea that if she allows herself to be seen her inferiority will become manifest, then we expect according to analytic experience that it is a matter of penis envy, of the fear that her lack of a penis will become evident. But there is a great distance between this concept and the experience of the psychic reality behind it. For example, a woman patient of this type was affected principally by a fear of going insane. It gradually became expressed that by being insane she meant having hallucinations; in other words, she had a compulsive doubt of her own perceptions and was afraid that something she believed she had seen had only been imagined by her. We then learn further that she *wishes* this. She wishes that something that has actually happened *might* only have been imagined. Then the meaning of the fear of insanity changes. To be insane now means to lose control of motility, to notice suddenly that one has already *done* something that one had not wanted to do.

We recognize that the motivating fear was something like this:⁷

'Driven by a crazy impulse, I once suddenly did something which I then wished had only been imagined. Therefore I have since been careful and no longer give myself free rein'.

What kind of an act was it? Gradually it becomes clear. She is afraid that if she does not remain continually in control of herself she will throw herself in front of an automobile or out of a window. Therefore the act was something violent. The fear of disgrace further increases to a severe social anxiety. She feels that she is an outcast, that she does not 'belong', that she has poorer clothes than other people. The anxiety becomes noticeably less when she has money in her pocket. She is afraid of being scorned when she has no money and no pretty clothes; and that also means that under those circumstances she is afraid of a sudden violent action of her own.

From this point our knowledge progressed in quite a different, more roundabout way. A disturbance in reading was shown to be caused by compulsive thoughts concerning how the author of the book she was reading might have worked—whether with typewriter, fountain pen, or pencil. She developed an enormous curiosity concerning the methods used by men in productive work, and attempted again and again in vain to identify herself with productive men. It turned out that to watch a productive man meant to do something to him: when she has money, she need not do anything; when she has none, then she wants to take it away from a productive man, that is from one who earns money.

The terrible deed she has committed without wishing to was infantile masturbation, which had completely disappeared and was denied because it had been rendered intolerable by the feeling of not being able to perform it the way men do; therefore it had always taken place with fantasies of stealing

⁷ I was once reproached with the use of the words, 'something like', in such a context as indicating that I do not take unconscious fantasies seriously. I deny this. Its use means that the unconscious fantasies are *vague*, and therefore can only be reproduced in words inexactly, always with the addition of 'something like'.

a penis. Now for the first time the patient recognized with 'surprise' that penis envy, about which she had always known theoretically, was a *psychic reality*.

Now to a consideration of our Charybdis. Psychic reality must be carefully worked through. Fear of the Scylla of theoretical discussion has led to an overvaluation of emotional eruptions, to a failure to recognize that such 'abreactions' can also serve the resistance. They allow derivatives of the unconscious to go up in smoke while not the slightest change is effected in the real pathogenic conflict. Not only do 'spurious emotional eruptions' exist (just as there is a 'spurious lack of affect'), but even 'genuine' ones are of themselves no guarantee for definite breaking through of defenses.

We must remember what power is wielded in human thinking by *magic*, a technique which welcomes great dramatic events as magical ceremonies and proofs of magical effectiveness; and we must remember why such magic is a constant enemy of analysis. 'Surprise effects the cure.' This formula is misused by many patients' expectations of magic derived from the resistance. And something dangerous in the psyche of the analyst coöperates with this expectation of magic: the temptation to play prophet always looms large.

We are reminded of Bleuler's⁸ concept of 'autistic thinking', which plays such a large rôle in medicine. One need only to take up at random any clinical journal and compare it with any journal of chemistry or physics; then one must in the name of medicine feel ashamed before every chemist and physicist. This is due to the traditions of medicine, which descend directly from the medicine men, the priests. Psychiatry or psychopathology is in turn the youngest of the subjects in the realm of medicine to be wrested from magic. It was not very long ago that anatomists were not allowed to dissect the human body. The opposition to such activities comes from the rebellion of human beings against having to become only a part of nature.

⁸ Bleuler, Eugen: *Das autistisch-undisziplinierte Denken in der Medizin und seine Überwindung*. Berlin: Julius Springer, 1927.

To be sure, after man became free in the physical sphere, it was not psychoanalysis that made the first attempt to rescue the psychic sphere from the grasp of magic and make it accessible to scientific investigation. But the attempts that were made before the advent of psychoanalysis, were either pseudo-materialism of the sort which could say: 'The psyche is only a secretion of the brain';⁹ or else the attempts were those of an 'experimental psychology' which restricted itself to the study of isolated functions in a manner remote from life. A scientific comprehension of the true complications of everyday human psychic life really began only with psychoanalysis. Frequently one hears stated the opposite: in contrast to the rationalism of a Virchow, it is said, Freud was the first to gain recognition for the irrational, the psychogenic. And that is true; but in what way is it true? Did he conquer a new realm for natural science, or did he reject an unjustified presumption of natural science? Both are true. The Virchow era was perhaps not so scientific as it thought. Shutting its eyes to the existence of the psyche cannot be interpreted as a sign of its scientism. The psyche was at that time still a domain reserved for religion and magic; no scientist bothered himself about it. Omitting the psyche was the compromise that enabled the investigators to be scientists. They were conscious scientists but unconscious mystics in psychology. Freud did two things at one time: he turned attention again to the psyche, and thereby won it more honestly for science than did the 'secretion materialists'. If this is true of psychology in general, the remnants of magic are still much stronger in psychotherapy, and the temptation to be a magician is no less than the temptation to have oneself cured by a magician.

Psychoanalytic technique is a complicated task. Its tool is the unconscious of the analyst which intuitively comprehends the unconscious of the patient. Its aim is to lift this comprehension out of intuition into scientific clarity. Analytic

⁹ This is as if, after the discovery that the bile is a secretion of the liver, only the histology of the liver and not the physiological chemistry of the bile were considered to be science.

therapy requires from the physician 'on the one hand . . . the free play of association and fantasy, the full indulgence of *his own unconscious*; on the other hand the physician must subject the material submitted by himself and the patient to a logical scrutiny and in his dealings and communications must let himself be guided *exclusively* by the results of this mental effort'.¹⁰ This logical activity is disregarded when one recommends 'the lack of all system', 'the absence of any definite plan', and calls reason 'a completely unsuitable instrument for the investigation of the unconscious mental processes'. Such formulations run counter to the purpose of psychoanalysis, which is to win such investigation for the cause of reason. The subject matter, not the method, of psychoanalysis is irrational.

Comparison with surgical technique is quite to the point. One who has a thorough command of topographical anatomy but no surgical technique cannot operate. Nor can one successfully operate who is a born surgeon but knows nothing about topographical anatomy. Talent is not teachable, whereas topographical anatomy is. In a course in psychoanalytic technique the topographical anatomy of the psyche can and should be taught.

We have a dynamic and economic conception of psychic life. Therefore our technique which strives for a dynamic and economic change in the patient, must also follow dynamic and economic principles. It must adhere consistently to the mode of thinking underlying all psychoanalysis, and the procedure arising from intuition, which to be sure is indispensable, must be arranged according to rational criteria.

We see from the few discussions about technique in the literature that opinion is extremely divergent, and that even opinions about the therapeutically effective factors differ very widely, as the symposium¹¹ at the Marienbad Congress revealed. This, it seems to me, is not only a consequence of

¹⁰ Ferenczi, Sandor: On the Technique of Psycho-Analysis. In *Further Contributions to the Theory and Technique of Psycho-Analysis*. London: Hogarth Press, 1926. p. 189.

¹¹ *Symposium on the Theory of the Therapeutic Results of Psycho-Analysis*. Int. J. Ps., XVIII, 1937. pp. 125-189.

the fact that the personalities of various analysts express themselves differently in practice, but also of the fact that there are often uncertainties as to the governing principles which should after all be common to all analysts despite differences in personality—if the various methods are still to be called analytic. This state of affairs exists because the task of clarifying a theory of technique according to rational criteria, has been insufficiently developed. Hence we shall try in this paper to further this development, and to do so with constant reference to practice, and subject to constant correction through practical experience.

Systematic procedure requires insight into the aims to be attained and into the ways leading thereto. Even though historically analytic practice did not originate deductively from the theory of analytic therapy, the latter has today progressed so far that its practice can be made clear to the student in this deductive way. Alexander¹² says rightly that most of the proposals for the reform of technique come from authors who wish to elevate as the sole means of salvation some one of the many mechanisms involved in the process of analytic therapy. After all it should ultimately be possible to determine what is essential and what is merely accidental; therefore I believe that we must begin with a survey of the nature of analytic therapy; then we can examine the ways of arriving at the unconscious and making it accessible, especially the dynamics and economics of interpretation. Our findings on those points will then be a basis for our investigation of the handling of the transference, in which questions concerning the so-called ego analysis and id analysis will become clear to us. We shall then discuss 'working through', specific questions such as the 'activity' of the analyst, the connection between present reality and childhood, prognostic criteria, and other similar problems. Finally we shall present a critical survey of the literature on the subject of psychoanalytic technique.

¹² Alexander, Franz: *The Problem of Psychoanalytic Technique*. This QUARTERLY, IV, 1935. pp. 588-611.

II

The Theory of Psychoanalytic Therapy

Neurosis is a complicated phenomenon. One can get one's bearings in a complicated subject only if one adopts, as a basis, a definite system of orientation with definite coördinates to which to refer all phenomena.

Psychoanalysis approaches the neurosis as it does all psychic phenomena, with the fundamental assumption that the original function of the psychic apparatus is to discharge entering quantities of excitation and later on, to bind them. If this fails, undischARGEABLE quantities will flood the apparatus in an unbound form. That is the prerequisite for a neurosis: an escape-discharge not willed by the ego taking place through unusual channels. We will disregard the purely traumatic neuroses in which the excitation has flooded the apparatus by virtue of too big a supply per unit of time. In the psychoneuroses the damming up has come about through insufficient discharge because of a chronic defense of the ego against the instincts. Since we can therapeutically influence only the ego, there are in principle only two possibilities for such influence: we can try to strengthen the ego in such a way that it more successfully carries out its defense against instinct, or we can bring the ego to give up the defense or to replace it by a more suitable one. Actually there exist as well combinations of these two logically contradictory methods. We can, for example, strengthen the defense against a certain instinctual impulse by providing a derivative of it with a discharge. By this partial discharge the instinct becomes relatively weaker, and the work of defense against the remainder becomes easier. Since the symptom itself also represents such a displacement substitute, which somewhat relieves the pressure of the pathogenic instinct (primary gain from illness), we may say that the above-mentioned combinations of therapeutic method artificially imitate the genesis of neurosis and replace the neurosis which is to be combated by an artificial one. Such an artificial neurosis is presumably both the 'rapproch' in hypnosis and the

transference in the course of psychoanalysis. Glover¹³ designated as 'artificial compulsion neuroses' the therapies of neurosis based on definite tasks which the patient must perform, such as following rules of diet or behavior; he designated as 'artificial phobias' the methods giving the patient psychic part-truths which he accepts as a substitute for the whole truth, just as the phobic person accepts the idea of the street as a substitute for the idea of temptation; and as 'artificial paranoias' the treatments of neurosis by medicines, provided that the medicine is regarded as a 'good introjected object'.

Direct suggestion strengthens the repression; indirect suggestion is, as has been shown, something intermediate between strengthening and elimination of repression. Analysis operates *in principle* in the second manner, namely, by doing away with the defense or replacing it with a really suitable one. Therefore we have two questions to answer: first, by what means is the ego actuated to give up or modify the defense against instinct; second, how shall we explain in dynamic and economic terms the changes occurring after the abandonment or modification of the defense against instinct?

The motive for a pathogenic defense against instinct is always in the last analysis an estimate of the danger of an aroused instinct, the fear of the displeasure that would ensue, if one were to yield to his instincts. The belief in such a danger has a variety of origins. Essentially it corresponds to the child's *experiences*, though to be sure in part to experiences which have been misinterpreted. It is the reality principle which teaches the child that the pleasure of instinctual gratification must under certain circumstances be paid for by displeasure of another sort. It is discipline, forbidding instinctual satisfaction, which then artificially amplifies this reality principle to an extreme degree, and it is the projective misunderstanding of the objective and the educating environment which creates the frightfulness of the punishments that are unconsciously expected to follow transgression of the prohibitions.

¹³ Glover, Edward: *The Therapeutic Effect of Inexact Interpretation*. Int. J. Psa., XII, 1931. pp. 397-411.

Whether the danger actually threatens from the external world or is already introjected is inessential. Therefore Freud in *The Problem of Anxiety*¹⁴ designated as the essence of the neurosis, the retention of anxieties beyond the period when they are physiologically normal. The retention of a belief in a danger not objectively present is however itself a consequence of the defense against instinct effected in childhood under the influence of that very anxiety. Along with the portions of instincts warded off, the anxiety too, which led to the defense, has become unconscious and has lost its connection with the total personality. It does not participate in the development of the rest of the ego and is not corrected by later experiences.

We must not forget that in later life as well there are various deprivations from without which are suited to remobilize the old anxieties. This can come about either directly, in case the depriving circumstances are looked upon as confirmations of the old anxieties; or indirectly, in case the deprivation causes a regression and the resulting change of adult sexuality into infantile remobilizes the anxieties that were opposed to the infantile sexuality. But not all the precipitating causes of neurotic illness in later life are real deprivations. They can also be, for example, special opportunities for satisfactions or anything at all that is calculated either to increase the relative proportion of infantile sexuality within the total sexuality or to cause the anxiety opposed to the sexuality to appear more justified. The fantastic character of this anxiety is then due to the circumstance that, continuing to exist unaltered outside of the domain of the ego, it is exempt from correction by experience.

The therapeutic task then is to reunite with the conscious ego the contents (both portions of instinct and unconscious anxieties of the ego) which have been withheld from consciousness and the total personality by countercathexes of the ego, and to abolish the effectiveness of the countercathexes.¹⁵ This

¹⁴ Freud, Sigmund: *The Problem of Anxiety*. New York: This QUARTERLY, and W. W. Norton & Co., 1936. p. 119.

¹⁵ This seems a matter of course, but we shall see that it is by no means

is made possible through the circumstance that the warded off instinct components produce *derivatives*. If we follow the fundamental rule of psychoanalysis and thus exclude as far as possible the purposive tendencies of the ego, these derivatives which are always to be observed in the impulses of human beings become still clearer. Every interpretation, either of a resistance or of an id impulse, consists in demonstrating a derivative as such to the judging portion of the ego against the resistance. There is no interpretation in simply naming unconscious contents not yet represented by a preconscious derivative which can be recognized as such by the patient merely by turning his attention to it. All this we shall elucidate in detail in what follows. Likewise we shall discuss in detail how the demonstration to the patient that he is defending himself, how he defends himself, why he does it, and what the defense is directed against, must act as an education of the defending ego to a tolerance of more and more undistorted derivatives. In discussing what in practice is the most important instance of interpretation—the interpretation of the transference resistance—Sterba¹⁶ has shown how it becomes effective through a sort of splitting of the ego into a reasonable judging portion and an experiencing portion, the former recognizing the latter as not appropriate in the present and as coming from the past. This leads to a reduction in anxiety and consequently to a production of further, more undistorted derivatives.¹⁷ The cleavage is accomplished by utilizing the positive transference and transitory identifications with the analyst.

clear to everybody; otherwise it would also be clear that all coercive methods in which such union does not succeed, and all attempts not to confront an ego with unconscious contents through interpretations but to establish an ego through interpretations when one is lacking, are in principle not analytic. We shall come back to this.

¹⁶ Sterba, Richard: *Zur Dynamik der Bewältigung des Übertragungswiderstandes*. Int. Ztschr. Ps., XV, 1929.

¹⁷ It remains to be investigated how this desirable 'splitting of the ego' and 'self-observation' are to be differentiated from the pathological cleavage and self-observation which is directed at preserving isolations and serves to *prevent* the production of derivatives.

Certain fundamental technical rules such as, 'analysis starts always from the surface of the present', 'interpretation of resistance precedes interpretation of content', and the like, follow from what has been said as a matter of course. I postpone at this point such important questions as 'interpretation of resistance versus interpretation of content', 'ego analysis versus id analysis', confining myself now to principles. In principle there is no difference between these two types of interpretation; unconscious resistances cannot be eliminated otherwise than by demonstration of their conscious derivatives and the forms in which they appear—just as with id-contents; and the timely naming of warded off id impulses which have already become noticeable to the more tolerant ego, works also by eliminating defense activities of the ego.

The 'analytic atmosphere', which convinces the patient that he has nothing to fear in tolerating impulses formerly warded off, seems not only to be a prerequisite for any transference interpretation (for if the analyst shared in any way in the patient's reactions, the fact that the patient's feelings are determined by his past could not be demonstrated) but it is also an important means of persuading the ego to accept on trial something formerly repelled.

The fear expressed by Kaiser¹⁸ that this might lead to an isolation of the analysis from real life, the patient feeling that here he is only playing at his impulses, whereas in real life where they are in earnest, he must continue to defend himself against them, seems to me occasionally well founded; in such cases we must analyze this resistance. But this objection is not sufficient to counteract the advantages of the atmosphere of tolerance. 'Acting out', which impedes the ego from being confronted with unconscious material, often affords the analyst valuable insight. However, it seems in principle to be no less a danger than the contrasting sort of 'theoretical analysis' which talks about the past without noting that it is still present, because 'acting out' relates only to the present and does not

¹⁸ Kaiser, Hellmuth: *Probleme der Technik*. Int. Ztschr. Psa., XX, 1934. pp. 490-522.

make the patient conscious of being dominated by his past. Analysis should show the past to be effective in the present. Freud once said that when the patient talks only of his present reality, the analyst must speak of his childhood; and the analyst must bring in present reality when the patient relates only childhood reminiscences. Theorizing about childhood relates only to a past that is not connected up with present reality, whereas 'acting out' is present reality, the past character of which is not evident.

Freud¹⁹ said that in analysis we induce the ego by all methods of suggestion to let up in the production of defenses. In practice this is certainly still true today, and the utilization of the transference for this purpose is after all nothing but suggestion. Still we must say that we obtain the desired effect upon the patient all the more lastingly and efficaciously if we succeed in using no other means of eliminating resistances than the confrontation of his reasonable ego with the fact of his resistance and the history of its origin. This confrontation bringing him as it does recognition of the unconscious part of his resistance, also renders the resistance itself superfluous.

Certainly there occurs in practice a gradual entrance of the analyst into the superego of the patient, such as takes place in hypnosis, and such as Strachey²⁰ considers characteristic also for analytic therapy. There occur, too, all those 'effects of inexact interpretation' investigated by Glover,²¹ i.e., the possibility of bringing about substitute discharges for the diminishing neurotic discharges either in transference actions or in other phenomena afforded by the cure.

If we succeed in this way in abolishing the pathogenic defense activity of the ego, what is the result? Since neurotics are persons who in their unconscious instinctual life have either remained on an infantile level or have regressed to it,

¹⁹ Freud: *A General Introduction To Psychoanalysis*. New York: Liveright Publ. Co., 1935. p. 392 ff.

²⁰ Strachey, James: *The Nature of the Therapeutic Action of Psycho-Analysis*. Int. J. Ps., XV, 1934. pp. 127-160.

²¹ Glover, Edward: *The Therapeutic Effect of Inexact Interpretation*. Loc. cit.

that is, persons whose sexuality (or aggression) has retained infantile forms, we might theoretically expect perversions as the result of such therapy. Anna Freud²² believes indeed that in children psychoanalytic influence must really be combined with a pedagogical one, because otherwise the removal of a repression directed against anal erotism, for example, would lead to smearing with faeces. She believes also²³ that in the case of many adults who have set up their defenses because of fear of the excessive quantity of their instinctual energy, the elimination of the defense might lead to the eruption of this excessive quantity and to the overwhelming of the entire ego. Practice, I believe, teaches us that there is no such danger. The warded off portions of instincts have retained their infantile character only because they were warded off and have thereby lost their connection with the total personality. In the meantime the personality has developed further. If the energy which has been bound up in the defense struggle is joined again to the personality, it fits itself in with it and with the genital primacy arrived at by it. The pregenital sexuality, freed from entanglement in the defense struggle, is thereby changed into genital sexuality capable of orgasm. It is primarily the experiences of satisfaction now made possible, that once and for all abolish the pathogenic damming-up.²⁴ Single 'abreactions' cannot accomplish this. They give momentary relief but no abolition of the defense struggle and no liberation of the energy bound up in it. This relative belittling of the therapeutic importance of 'abreactions' and of the 'dissipation of repressed instinctual excitations in the act of becoming conscious', in contrast to facilitating the development of a well regulated sexual economy, is also what causes us to value

²² Freud, Anna: *The Technique of Child Analysis*. New York & Washington: Nerv. & Ment. Dis. Publ. Co., 1928. pp. 42-59.

²³ Freud, Anna: *The Ego and the Mechanisms of Defense*. London: Hogarth Press, 1938.

²⁴ Instinctual excitations are *periodic* processes, which after satisfaction disappear for a time and only gradually accumulate again. If the individual's apparatus for satisfaction functions adequately, the ego need have no particular 'fear of excessive quantity of instinct'.

relatively little the therapeutic effect of the single eruption of affect, however much it is to be welcomed in some analytic situations. On the other hand we value very highly the therapeutic importance of the subsequent 'working through'. This 'working through', according to Rado comparable to the work of mourning, consists in demonstrating again and again the unconscious impulse, once it has been recognized, in its manifold forms and connections, and in attaining thereby the effective cessation of the pathogenic instinct defense. It is true that other kinds of discharge which were heretofore impossible, namely sublimations, become possible through the abolition of the defense. Quantitatively they play a lesser role for the adjustment of the instinctual processes of the formerly neurotic personality than does adequate sexual satisfaction.²⁵

Translated by DAVID BRUNSWICK

²⁵ The questions of 'working through' and the possibility of sublimation will be discussed in more detail later on.

To be Continued

THE USE OF AUTOMATIC DRAWING IN THE INTERPRETATION AND RELIEF OF A STATE OF ACUTE OBSESSIONAL DEPRESSION

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No matter how accurate any body of scientific theory may be, its confirmation by the use of some technique other than that on which the theory first rested is always valuable. This is the most convincing way of ruling out the misleading influence of possible undetected methodological fallacies. With this in mind, the following case is reported in detail because, by means of a non-psychoanalytic technique, it illustrates a certain type of symbolic activity which is comparable in character to that studied by psychoanalysis in dreams and in psychotic states, and because of its clear demonstration of certain of the dynamic relationships which exist between conscious and unconscious aspects of the human psyche. Finally, it is reported because of our interest in this general type of technique as a means of uncovering unconscious material, and because of the challenge this may offer to certain phases of psychoanalytic technique.¹

HISTORY

A twenty-four-year-old girl attended a clinical demonstration of hypnosis for a class in psychology at the university. At this demonstration particular emphasis was laid on the phenomenon of automatic writing and on the integrated functioning of subconscious processes as a seemingly independent entity in the total psyche. Afterwards she inquired at length about the possibility of acquiring the ability to do automatic writing herself, and whether it was probable or even possible that her

¹ Erickson, Milton H.: *The Experimental Demonstration of Unconscious Mentation by Automatic Writing*. This *QUARTERLY*, VI, 1937, pp. 513-529.

own unconscious might function in a coördinated, integrated fashion without her conscious awareness. Affirmative replies were given to both inquiries. Thereupon as the explanation of her interest, she volunteered the statement that during the preceding month she had become unhappy and uneasy in all her relationships for some unknown reason, and that she was becoming increasingly 'worried, unhappy and depressed', despite the fact that she knew of no personal problem that could trouble her seriously. She then asked if she might try automatic writing through which her unconscious, acting independently, could give an account of whatever was troubling her. She was told that she might try this plan if she were really interested, and she responded that first she would like to have a formal psychiatric review of her life.

Accordingly, on the next day she was interviewed at length. The more important data obtained in this interview may be summarized as follows:

- 1 She was an only child, idolized by her parents, as they in turn were by her; living in what seemed to be a very happy home.
- 2 Her adjustments to college had been excellent until the preceding month, when her work had begun to suffer seriously in consequence of the sudden development of 'worry', 'concern', 'fear', 'unhappiness' and 'horrible depression', which persisted almost continuously and for which she knew no cause whatever.
- 3 Recently she had been impelled to read some psychoanalytic literature and had found the subject of symbolism 'most interesting and fascinating', but 'silly', 'meaningless', and 'without any scientific validity'. When asked for the references, she replied, 'Oh, I just thumbed through a lot of books and journals in the library, but the only thing that interested me was symbolism'.
- 4 For a month, and only since reading about symbolism, she had noted the development of a habit of 'scribbling', 'scratching', 'drawing pictures and lines' when telephoning, studying, sitting in the class room, or merely idling. She did this in an abstracted manner, usually without noting

what she was doing and thought of it merely as a sign of nervousness, of a desire to do something, but what this might be she did not know. She added that it was a 'jittery' habit, objectionable because it 'dirtied' the walls of telephone booths, the table cloths in restaurants and clean paper in her notebooks. (Throughout the interview the patient constantly demonstrated this 'habit' most adequately, and it was obvious that she was not aware that she was doing so. Only at the close of the interview did she notice her scribbling, and remarked, 'Well, I guess I have demonstrated that jitteryness better than I described it.')

- 5 Finally, the only personal problem which troubled her consciously was the fact that her three years at college had slowly and gradually separated her from her most intimate girlhood friend, in spite of that girl's regular week-end visits to the patient's home. The patient felt 'lonely' and 'resentful' about this, and said that during the preceding few weeks this angry feeling had increased until it had become an 'uncontrollable resentment' over the loss of her friend. Nor was this obsessive resentment diminished by her realization that there was nothing she could do about it because of the ever increasing divergence of their interests.

At the completion of her story, in the manner so characteristic of psychiatric patients who have told more than they know, she dismissed her account as probably being of no significance and asked insistently whether now, after hearing her story, it still was thought possible to secure by means of automatic writing the facts which were pertinent to her problem—'if there really were a problem'. She thought that if she could read subsequently whatever she might write automatically, she could thus force herself to become consciously aware of what was troubling her. She also wanted to know if the examiner was confident that her subconscious could function in a sufficiently integrated fashion to give a coherent, understandable account.

In response to these anxious inquiries she was told emphatically that she could do exactly as she wished, and this was followed by repeated, carefully worded suggestions given to

her in a gentle, but insistent and attention-compelling fashion, which served to induce the passively receptive state that marks the initiation of a light hypnotic trance. These suggestions were to the effect that:

- 1 The time intervening until her appointment on the next day would be spent by her subconscious in reviewing and organizing all the material to which she wished access.
- 2 In addition, her subconscious would decide upon the method or means of communication, and would select some tangible method by which to communicate what it had to say in a way which would be clearly understandable to the examiner and also in a fashion which could, at the proper moment, be clearly understood by the patient herself, so that no doubts or equivocations could arise.
- 3 Since she herself had suggested automatic writing, pencils and paper would be supplied, so that she would have an opportunity to employ that method in the same abstracted manner as that in which she had made her drawings during the interview.

(The reader will note that this suggestion actually constituted in its significance an indirect command to repeat her *drawings* in an intelligible fashion. It was given for the reason that automatic writing is often most difficult to secure on first attempts. It was to be expected that this would be even more true with this patient, whose entire story implied a resolute unconscious reluctance to know certain things, despite her strong concomitant conscious desire to become aware of them. For her, therefore, automatic writing itself would have proved too revealing, if successful at all, and would have forced on the patient a too rapid realization of her repressed material. This, of course, would either have proved profoundly upsetting or would have summoned up vigorous repressive mechanisms to forestall the complete communication of her material.)

- 4 In the interval before her next appointment, she was to keep her mind consciously busy with studying, reading light fiction and social activities, thus supplying herself with innocuous topics for conversation on which she could report consciously, so that at the time of the appointment

communications concerning her problem would be imparted entirely by subconscious automatic behavior (the drawing) and not become part of her conscious speech.

At the end of the interview, the patient seemed rather confused and uncertain about her instructions. She made several hesitant attempts to pick up the sheets of paper on which she had again been 'nervously scribbling', suddenly made a last plea for reassurance, and then left quickly when this had been given.

Examination of her drawings after her departure disclosed various figures and lines repeated over and over in varying sizes. There were long and short lines, vertical, horizontal and oblique. Some were traced lightly, others heavily shaded. Also, there were spirals, cylinders, triangles, squares and rectangles of various proportions, some drawn lightly and others heavily. While she had been making these drawings no sequences or relationships had been observed. One peculiarity, however, was the fact that each figure had been drawn as an isolated unit with no attempt to run one into the next.

A subsequent examination of two different books of her lecture notes showed that her 'nervous scribbling' had been a sudden development of the preceding weeks. In these notebooks, page after page was found with the same limited types of figures and lines, drawn over and over in a totally disconnected, confused fashion. (cf. Figure I.)

The next day the patient appeared promptly and remarked at once that the suggestions given her the day before seemed to have been effective, since she had not thought about herself at all after leaving the office, and she had even lost conscious interest in her problem so completely that she had returned only because she felt herself to be under an obligation to keep her appointment despite her lack of interest in its purpose. She also explained that she had read a recent novel and was prepared to relate the entire story in detail, remarking facetiously that it would be a cheap way for the examiner to become posted on the latest information of the literary world.

She was told promptly that she could start the story at once;

and as she did so, her chair was carefully placed sideways to the desk so that her right arm rested on the desk in close proximity to paper and pencils, while the examiner took a position diagonally opposite. Thus, although she faced away from the paper, it remained well within the range of her peripheral vision.

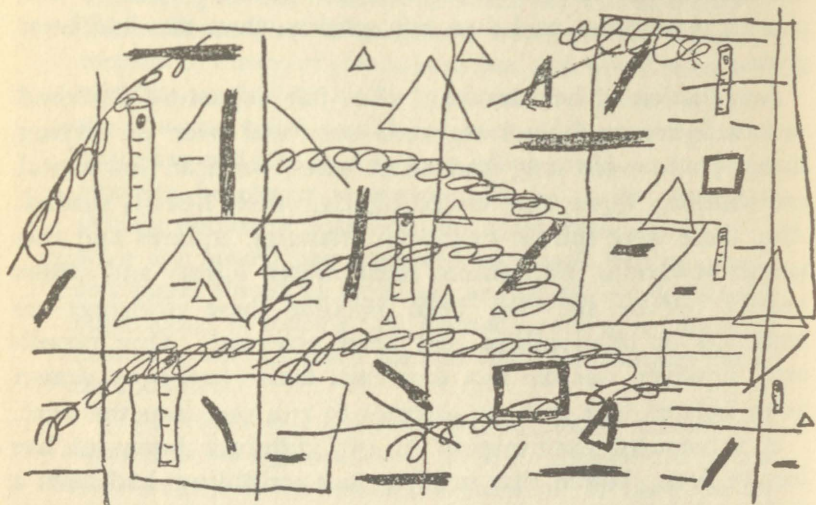


FIGURE I

Shortly after she had begun to tell the story of the book, she abstractedly picked up the pencil and in a laborious, strained fashion began to repeat on the upper half of the sheet of paper the drawings of the previous day, now and then glancing down at her productions for a moment or so in an absent-minded fashion. As before, no particular sequence of the drawings was noted, but a significant duplication of some of the elements may be observed in Figure II.

When she had completed these drawings she became rather confused in her speech, and was observed to relax and tighten her grip on the pencil as if she wanted to lay it down but found herself unable to do so. She was encouraged here by an insistent, low-toned suggestion, 'Go ahead, keep on, it's all right, go ahead, go ahead, keep on'.

She remarked immediately, 'Oh yes, I know where I am, I just lost the thread of the story for a moment', and continued the narrative.

At the same time her hand was seen to take a fresh grip on the pencil and to shove the pad forward so as to make the lower half of the paper available, and she drew a line as if to divide the paper in halves. Then in a slow and deliberate fashion, with a marked increase in the tension of her right hand and

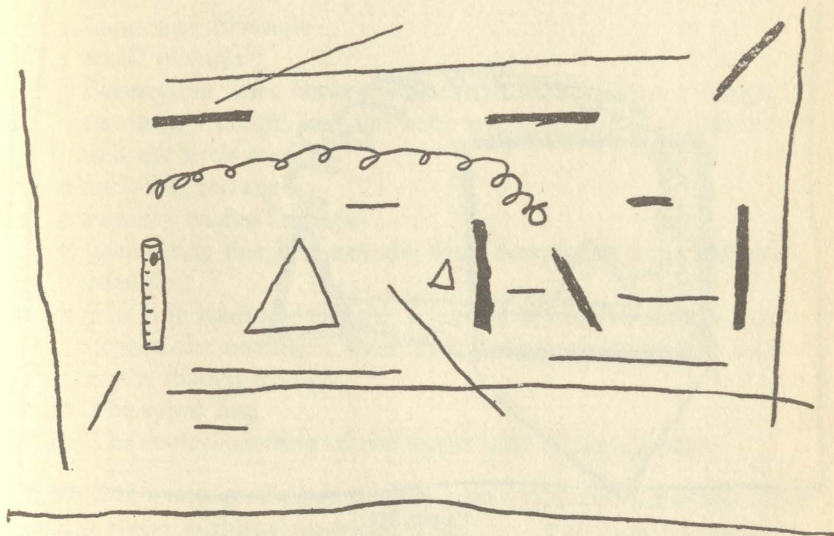


FIGURE II

some speeding of her speech, she began to construct a picture by arranging the elements which she had previously drawn so often and so repetitively in an incoherent manner into an orderly, systematic whole. It was as if she had first laid out the materials for her construction and was now putting them together. Thus, the four heavily shaded lines of equal length became a square, and the other units were fitted together to form the picture shown in Figure III.

In completing the square however, the patient showed marked uncertainty about its lower left hand corner, and kept glancing down at it abstractedly for a moment or so at a time. Finally, she distorted the corner slightly, leaving it open. Also,

in making the lower right hand corner, she pressed down unduly, breaking the pencil point.

In making the diagonal line extending downward from the lower left hand corner of the square, her hand moved with sudden force and speed. Then after a considerable pause her hand moved more and more slowly on the up stroke to the

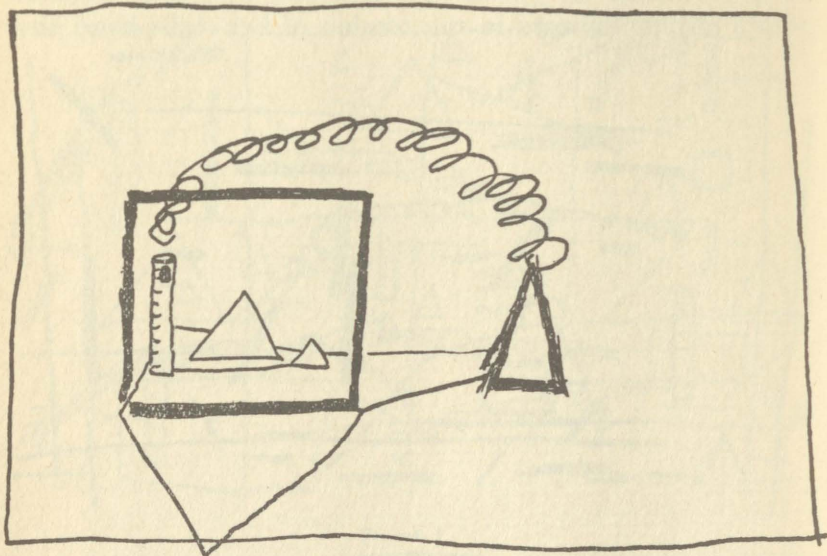


FIGURE III

lower right hand corner of the square, the line wavering; then finally her hand moved quickly and forcibly over to the shaded triangle.

Upon drawing the line connecting the small triangle with the heavily shaded triangle, her hand stopped short as it approached the side of the square and placed a period. Following this, her hand lifted and moved over the edge as if surmounting a barrier, after which it completed the line in a steady, firm manner.

The spiral line connecting the cylinder and the shaded triangle began freely and easily, but as it approached the triangle the hand movements became increasingly labored and slow.

Repeatedly during the drawing process the patient's hand would return to the larger of the two light triangles, as if to touch it up a bit and to make it more perfect in outline, while the shaded triangle was drawn roughly.

During her drawing it was possible to record the order in which the various elements were added to the total picture:

- 1 Square
- 2 Cylinder
- 3 Large light triangle
- 4 Small triangle
- 5 Connecting lines between cylinder and the large triangle, the large triangle and the little triangle, and the cylinder and the little triangle
- 6 Inclosing rectangle
- 7 Heavily shaded triangle
- 8 Connecting line between the little triangle and the shaded triangle
- 9 The line leading from the cylinder out of the square and beyond the rectangle, then back to the square and thence to the shaded triangle
- 10 The spiral line
- 11 The central shading of the upper part of the cylinder

As she completed the picture, she glanced casually at it several times without seeming to see it. This was followed by a noisy dropping of the pencil which attracted her notice. Thereupon she immediately called attention to her drawing, picking up her pencil as she did so. Then, using her left hand, she tore off the sheet from the pad to examine it more closely, leaving her right hand in a writing position as if waiting for something. Noting this, the examiner inferred a subconscious desire to make a secret comment. Accordingly the suggestion was given, 'A short, vertical line means "yes", a short horizontal line means "no"'.

Misapplying this suggestion, the patient scanned the drawing carefully, and declared that she saw no such lines and asked how they could mean anything.

The question was then asked, 'Is it all there?', to which she

replied, 'I suppose so, if there is anything there at all', while her hand, without her awareness, made a 'yes' sign.

'Everything?'

'Well, I suppose if anything is there, everything is', and again her hand made the 'yes' sign without her awareness.

She scanned the picture carefully for some moments and then remarked, 'Well, it's just silly nonsense, meaningless. Do you mean to say you can make any sense out of that scratching, to use your own words, that it tells everything?'

Apparently in answer to her own question, her hand made another 'yes' sign, and then dropped the pencil as if the task were now complete. Without waiting for a reply she continued, 'It's funny! Even though I know that picture is silly, I know it means something because right now I've got an urge to give you something and, even though I know it's silly, I'm going to give it to you anyway because it's connected with that.' Pointing to the shaded triangle, she took from her pocket a packet of matches advertising a local hotel and dropped it on the desk.

Then she immediately consulted her watch, declaring that she had to leave, and seemed to be experiencing a mild panic. However, after a little urging, she consented to answer a few questions about what the picture might mean. She looked the drawing over and offered the following comments which she insisted she could not elaborate:

'Two pictures in frames, a large one', she explained, pointing to the rectangle, 'and a small one', pointing to the square, 'with the corner broken'. Pointing to the figures in the square she said, 'These are all connected, and the connection between the little one', pointing to the small triangle, 'and that', pointing to the shaded triangle, 'is broken. And that', she added, indicating the cylinder, 'is a cigarette with smoke. We all smoke in our family, maybe those are father's matches I gave you. But the whole thing makes no sense at all. Only a psychiatrist could see anything in it', and with that she rushed from the office only to return at once to ask, 'When can I see

you again?' Upon being told, 'Just as soon as you want to know a bit more, call me', she rushed away. No comments were made upon the unitary drawings at the top of the page and she seemed not to notice them.

About three weeks later she appeared unexpectedly 'to report progress'. She stated that evidently her drawings must have meant something since she had experienced a marked change in her emotions. She no longer felt worried or depressed, though at times she felt an 'intense dread of something', as if she were 'going to stumble onto something', and, 'I have a feeling that I'm going to find out something dreadful'. With much hesitation she added, 'What I really mean is that I have a feeling that I am getting ready to know something I already know but don't know I know it. I know that sounds awfully silly, but it's the only way I can explain, and I am really afraid to know what it's all about. And it's connected with these matches', handing the examiner a second packet similar to the first. 'We [the family] had dinner at the hotel last night, and that's where I got them. I saw another packet on the library table last night, but these are the ones I got.'

All the other remarks were casual in character, nothing further was learned, and she left rather hurriedly, apparently somewhat uneasy and confused in mind.

Two weeks later she again appeared unexpectedly, declaring as before that she had come 'to report progress', and explaining that in the interim she had experienced the development of an absolute certainty that her drawing was meaningful, that 'there is a complete story in that picture that anybody can read, and I'm getting terribly curious to know what it is'. Here she demanded to see the drawing, and after scrutinizing it closely remarked, 'Really, it still looks like a mess of nothing. I just know it's the whole story, too, but why I say that I don't know. But I am sure that my subconscious knows a lot that it won't tell me. I have a feeling that it is just waiting for my conscious mind to prepare itself for a shock and it's just making me darned curious so I won't mind the shock.' When

asked when she would know, she replied, 'Oh, I suppose not long', and then became emotionally disturbed and insisted on changing the topic of conversation.

A week later she came in to state that she had an engagement to dine with her girlhood friend at the hotel that evening, and that this was causing her much emotional distress. She explained: 'I hate to see our friendship broken up just by drifting apart the way we have. And I don't like my attitude toward Jane. You see, Jane's a year younger than me, and she's got a boy friend and she's pretty much in love with him. She says she thinks I know him but she won't tell me his name or anything about him, and I don't like my attitude toward her, because I'm so jealous of her that I just hate her intensely; I'd like to pull her hair out. I just hate her because I feel as if she had taken my boy friend away from me, but that's silly, because I haven't got a boy friend. I don't want to keep my appointment with her because I know I'm going to quarrel with her, and there really isn't anything to quarrel about, but I know I'll just say one nasty thing after another and I don't want to, but it's going to happen and I can't avoid it. And another thing, after I quarrel with her I'm going to have a fight with my father. I've just been working up to this for a week. I've only had two fights with my father and they were both about my college plans, but I don't know what this fight's going to be about. Probably some little thing like his carelessness in smoking and dropping ashes on the rug at home, probably any little old excuse. I just hope father isn't in when I get home. Can't you say something to me so this all won't happen? But I suppose as long as it's in me it might as well come out and get it over with. When I made the appointment with Jane I had a vague idea of what was going to happen, and as soon as she accepted I could see, just as plain as could be, what I've just told you, so I hung up the receiver before I had a chance to cancel my invitation.'

More remarks were made of a similar character and significance, but all attempts to discuss her drawings or to secure an elucidation of her premonitions failed, since she declared that

the only things of interest to her at the moment were the 'impending battles'.

The next day she dropped in the office to report hurriedly, 'I'm in a rush. All I got time for is to tell you it all happened just as I predicted. Jane and I started out visiting nicely, and then I got to wise-cracking and began hurting her feelings. I didn't notice that at first and when I did, I just didn't give a damn and I went to town on her in the cruelest, nastiest, most subtle fashion I could. I didn't say anything particularly, but it was the way I said it and mocked her. When she cried I felt a lot better, and although I was ashamed of myself I didn't feel any sympathy for her. I wound up by telling her that we could agree to disagree, and she could go her way and I'd go my way. Then I went home and father was sitting there reading and I was itching for him to say something, just anything. I was awfully amused at myself, but I figured there wasn't anything I could do about it, so I began smoking and pacing the floor. Finally he told me to sit down and be quiet, and that just set me off. I just yelled at him to shut up, that I could *run around* if I wanted to, and he couldn't say anything to me. It was too late to go out, and if I *wanted to run around* I had just as much right as he had. I told him he might think he was smart but I was a lot smarter, that I wasn't born yesterday, that I knew what it was all about, and a lot of silly, incoherent, tempy things that I really didn't mean and that didn't make sense. Finally, he got disgusted and told me if I couldn't talk sense to shut up and go to bed and sleep it off. So I did. And the funny thing is that when I woke up this morning I thought of those drawings I did for you, and I tried to think about them, but all I could think was first the word "today" and then the word "tomorrow", and finally I just kept thinking "tomorrow". Does that mean anything to you? It doesn't to me', and with this remark she took her departure.

The next afternoon she appeared and declared, 'After I left you yesterday I had a funny feeling I had made an appointment with you for today, but I really knew I hadn't. Then

this morning the first thing I thought of was that drawing, and I knew that I could understand it now, and I've been thinking about it all day. I remember the whole picture; I can see it in my mind plainly, but it's still meaningless, doesn't mean a thing. Let me look at it.'

She was handed the picture which she scrutinized in a most painstaking fashion, with an expression of intense curiosity on her face, finally sighing and putting it down to remark, 'Well, I guess I'm mistaken. It doesn't mean a thing—just a silly picture, after all.' Then, suddenly brightening, 'But if you will say just a word to start me off, I know I'll understand it'.

No heed was given this indirect request and she repeatedly examined the picture only to lay it aside each time in an intensely puzzled fashion.

Finally, she repeated her request for a 'starting word' and was countered with the question, 'What word?' To this she replied, 'Oh, any word. You know what the picture means, so just say any word that will give me a start. I am really just dying to know what it's all about even though I am a little bit afraid, maybe a lot. But say something, anything.'

Her insistent request was acceded to by the remark, 'Some-time ago you told me you were terribly interested in and fascinated by symbolism', and as this remark was made the packet of hotel matches was carefully dropped on the desk.

Immediately she seized the drawing and looked at it momentarily, grabbing, at the same time, the packet of matches and throwing it violently on the floor. She then burst into a torrent of vituperation, addressed apparently to nobody, intermingled with expressions of sympathy for her mother and explanatory details, of which the following constitutes only a fairly adequate summary:

'The damned nasty filthy little cheater. And she calls herself my friend. She's having an affair with father. Damn him. Poor mother. She visits mother, damn her, and father acts like a saint around the house, damn him. They go to the hotel, the same hotel father took us to [for dinner]. I hated her because she took my father away from me—and mother.'

That's why I always stole his cigarettes. Even when I had some, I'd sneak into the hall and get some out of his coat pocket. Sometimes I'd take the whole package, sometimes only one or two. If she thinks she's going to break up my home she's got another thought coming, plenty too. The first time she told me about her boy friend—her boy friend, huh—she lit her cigarette with those matches. I knew then, but I couldn't believe it. And I used to take father's matches away from him and I'd get so god damn mad when he'd tell me to use my own. I didn't want mother to see those matches, and it didn't make sense then.' This was followed by much profanity and repetition of the above remarks which seemed to exhaust her rage, following which she sobbed bitterly.

Composing herself, she apologized for her profanity and rage and then remarked quietly, 'I suppose I better explain all this to you. When you said symbolism I suddenly remembered that Freud said cylinders symbolized men and triangles, women, and then I recalled that cigarettes were cylinders and that they could symbolize a penis. Then the whole meaning of the picture just burst into my mind all at once and I guess I just couldn't take it, and that's why I acted like I did. Now I can explain the picture to you.'

Pointing to the various elements of the picture, she explained rapidly, 'This cigarette is father, and that big triangle is mother—she's short and fat and blonde—and the little triangle is me. I'm blonde too. I'm really taller than mother, but I just feel little to her. You see, those lines all connect us in a family group and the square is the family frame. And that line from father breaks through the family frame and goes down below the social frame, that's the big square, and then it tries to go back to the family and can't, and so it just goes over to Jane. You see, she is a tall, slender brunette. And that smoke from father's penis curls around Jane. And that line between me and Jane is broken where it comes to the family frame. And I've been drawing and drawing these pictures all the time like that [pointing to the unitary drawings at the top of the page] but this is the first time I ever put them together.

And see where I blackened father's face. It should be! And when I gave you those matches I told you they were connected with Jane, even though I didn't know that was Jane then.'

For some minutes the patient sat quietly and thoughtfully, now and then glancing at the drawing. Finally she remarked, 'I know the interpretation of this picture is true, but only because I feel it is true. I have been thinking everything over and there isn't a solitary fact that I know, on which I can rely, that could possibly substantiate what I've said. Jane and I have drifted apart, but that doesn't make her father's mistress. Jane does call at the house but always on evenings when father is out, and while she doesn't stay more than three-quarters of an hour, that doesn't mean that that's a blind. And mother can't hide anything and her nature is such that she would know about things before they happen, and I know she has no inkling of this. As for the matches, anybody could have hotel matches and my stealing father's cigarettes only proves there's something wrong with me. Well, now that I've discovered this I'm going to go through with it and clear it up so that I'll have better proof than just my subconscious drawings.'

What this proof was to be the patient refused to state, and the rest of the interview was spent by the patient in outlining a calm, dispassionate, philosophical view and acceptance of the entire situation.

Two days later she came to the office accompanied by a young woman. As they entered the office the patient said, 'This is Jane. I bullied and browbeat her into coming here without giving her any idea of what or why, and her own sense of guilt toward me kept her from refusing. Now I'm going to have my say and then I'm going to leave her with you so she can talk to you and get a little sense put into her head.'

Then, turning to Jane, 'Just about two months ago you started something which you didn't want me to know about. You thought you were getting by with it, but you weren't. You told me your boy friend was about four years older than you, and you told me he wanted an affair with you but that you wouldn't consent. You were just a sweet young girl talk-

ing things over with your dearest pal. And all the time you knew, and all the time I was putting two and two together, and finally I went to a psychiatrist and the other day I got the answer, so now I know your whole sordid, nasty story. Here's a cigarette, now light it with *these* matches—they're hotel matches. Now you know just what I'm talking about.'

With that she rushed out of the office and as she did so, Jane turned and asked, 'Does Ann really know about her father and me?'

Then, without any questioning of any sort, Jane responded to the difficult situation in which she found herself by relating the story of her intrigue with the patient's father, confirming fully every detail given by the patient and adding the information that both she and her lover had been most secretive and had been most confident that they could not even be suspected. She also added that on the occasion of Ann's first week-end home from college after the beginning of the affair, she had felt that Ann was most disagreeable and irritable for no good reason, and Ann's father had made the same comment during one of their meetings. She attributed Ann's knowledge of the affair entirely to 'intuition'.

Following these disclosures, Ann was recalled to the office, and, as she entered she eyed Jane closely, then remarked, 'Well, I did have a faint hope that it wasn't so, but it is, isn't it?' Jane nodded affirmatively to which Ann replied philosophically, 'Well, what father does is his own business, and what you do is yours, but you're not visiting at our home any more, and you and father can pick another hotel since the family is in the habit of eating at that hotel frequently. I'll just explain your failure to visit at home to mother by saying we quarreled, and as for you and me, we're acquaintances, and you can tell father that heaven help both of you if mother ever finds out. And that's that! You can go back to town by one bus and I'll take another, and you can beat it now because I want to talk to the doctor.'

After Jane's immediate departure the gist of the patient's remarks was that she intended to accept the whole matter in a

dispassionate, philosophical manner, and that she was still tremendously puzzled as to how she had 'stumbled on to it', since she felt convinced that 'it must have been just plain intuition that worked out right. When I first started drawing those little pictures, it made me feel terribly jittery, but I couldn't stop. I was just obsessed by them, but they had no meaning until last Thursday. Now when I look back at it all, the whole thing just seems screwy because I must have known from the beginning, and yet I really didn't know a thing until the other day here. But hereafter I'm not going to let any subconscious knowledge upset me as frightfully as that did.'

The patient was seen casually thereafter on a number of occasions, and satisfactory evidence was obtained of a continuing good adjustment. A few years later she married very happily. One additional item of information obtained from the patient was that on a number of occasions before her upset, she had suspected her father of intrigues with various women but had always dismissed her suspicions as unworthy. These suspicions were confirmed unexpectedly by Jane, however, while discussing with the examiner her intrigue with the patient's father. She volunteered the information that over a period of eight years the father had had a series of affairs, one of which had been broken off only at her insistence.

Also, after the passage of several months, the patient's notebooks were again examined. When this privilege was requested, she remarked, 'Oh, I know! I forgot to tell you. I lost that habit just as soon as I found things out. I haven't done a bit of scribbling since then.' Inspection of the notebooks verified her statement.

Subsequently Jane too was seen casually and volunteered the information that the intrigue was continuing, but that she had complied with Ann's injunctions.

DISCUSSION

I The Significance of the Illness

It is hardly possible to overestimate the theoretical significance and interest of this case. Only rarely does an oppor-

tunity arise to study a severe neurotic storm—in some ways nearly psychotic—under such well-controlled conditions.

A young woman deeply and apparently peacefully devoted both to her father and to her mother, suddenly is confronted with the threat of a deep hurt to her mother through her father and her own best friend, and with the acutely painful picture of her father's emotional desertion of the family. This of course is adequate grounds for sorrow and anger. But it was more significant still that she was confronted by these jolting facts not in her conscious perceptions, but only in her unconscious; and that furthermore her reaction to this unconscious knowledge was not one of simple sorrow and anger, but a far more complex constellation of neurotic and affective symptoms. All of this becomes clear directly from the data of the case, and without any intricate or debatable analytic speculations and interpretations.

Here, then, is a test case. Can psychic injuries of which we are not consciously aware be at the heart of major psychopathological states? And how does the reaction of this patient illuminate this problem?

On the week-end of her return home when she first sensed unconsciously the intimacy between her friend and her father, her immediate response was one of troubled and unmotivated irritability—an irritability which never found any focus, but which was displaced incessantly from one trivial object to another. Thereafter she lapsed into a state of obsessional depression, which seemed to her to be without content or meaning, although it was accompanied by a withdrawal of interest from all of her previous activities and from all previous object relationships. As this depressive mood gathered, her irritability persisted undiminished and still without adequate conscious object. For the first time, however, it began to focus its expression in two symptomatic compulsive acts whose symbolic meaning later became unmistakable. The first of these was a minutely circumscribed kleptomania, i.e., the specific compulsion to steal cigarettes and matches from her father's pockets, obviously with an angry and punitive preconscious

purpose, but which was seen in the automatic drawings to have a much deeper unconscious castrative goal as well. The second was an equally circumscribed, almost encapsulated obsessional drive toward the constant repetition of scribbled drawings of cylinders, triangles, looping spirals and straight lines slanting in all directions. (cf. Figure I.)

It is of interest to note that her illness began with episodic emotional flurries, which quickly were followed by an affect which became fixed and obsessional, and that this in turn was supplemented by a group of obsessional acts. The theoretical significance of this sequence of events is a matter into which we cannot go at this point, but the sequence should be borne in mind.

The patient's involuntary and, to her, mysterious irritability deserves another word. It is an exact replica of a type of frantic, shifting, and apparently unmotivated irritability which one sees in children when they are stirred into overwhelming states of unconscious jealousy towards parents and siblings. In this patient it is possible to observe how the irritability was precipitated when the patient's unconscious was confronted with the love relationship between her father and her friend. Furthermore it is clear that the irritability reflects her conflict between various rôles, as for instance her identification with her mother in the family group, her fantasy of herself in the rôle of her father's mistress, her jealousy of this mistress, and the resulting conflicts which manifested themselves throughout her upset period between the vengeful, guilty, and protective impulses toward everyone involved in the situation.

It is clear that the unconscious impulses which were driving her strove in many ways for adequate expression and resolution: first in the vengeful gestures (stealing of matches and cigarettes), then in the automatic incoherent drawings or scribbles (a so-called 'habit' which is later seen to be infused with specific and translatable meanings), and finally in the increasing and obsessive need to find out what it was all about, as manifested in her blind search into psychiatric and analytical literature, her fascination and scepticism about symbolism,

and in the appeal for help still veiled slightly behind her 'curiosity about automatic writing'.

Surely both the driving and the directing power of unconscious mentation could not be more beautifully illustrated in any laboratory test than it is here. A further example is in the unwitting double meaning in the naïvely chosen phrase 'run around', which the patient used repeatedly in her blind, angry outburst against her father, without realizing consciously its obvious reference to his sexual habits.

And finally the symbolic representation of complex human relationships by simple, childlike scribbled drawings, which is the most dramatic feature of the story, is so clear as to need no further comment.

II Technique

The technical challenges with which this experience confronts us are several. In the first place it must be admitted quite simply that the most skilful use of orthodox psychoanalytic technique could not possibly have uncovered the repressed awareness of the father's liaison in a mere handful of sessions. Speed in achieving a result is of course not a sole criterion of excellence. It may well be that with such rapid therapy certain vital reconstructive experiences cannot be brought to a patient, whereas they, on the other hand, may be an essential part of the more orthodox analytic approach. But there is nothing in this observation which would seem to make the two methods mutually exclusive. In some form they might be supplementary or complementary to one another; and for at least a few of those many patients to whom analysis is not applicable, such an approach as this, if only because of its speed and directness, might be useful.

Furthermore, it must be emphasized that automatic drawing as a method of communication has a close relationship to the psychoanalytic method of free association. Here the patient's undirected drawings were certainly a non-verbal form of free association. That the translation of such drawings into understandable ideas presents grave difficulties must be admitted;

but these difficulties are not always greater than those which confront the analyst when he deals with the symbolic material of dreams. On a two dimensional plane these drawings are equivalent to the dramatic symbolic representation of instinctual conflicts which Homburger has described and analyzed in children's three dimensional play with building blocks.²

Furthermore, as one studies this material it is impressive to see how ready the unconscious seemed to be to communicate with the examiner by means of this accessory sign language of drawing, while at the same time the consciously organized part of the personality was busy recounting other matters. It suggests that by using either this or some other method of widening the conscious gap between the conscious and unconscious parts of the psyche, it might be possible to secure communications from the unconscious more simply than can be done when both parts of the personality are using the single vehicle of speech. It suggests that when only one form of communication is used, the struggle between the expressive and repressive forces may be intensified.

The point which we have in mind here is quite simple. Under circumstances of usual analytical procedure, the patient expresses everything—both conscious and unconscious, instinctual drives and anxieties, fears and guilt—often all at the same moment and in the same system of gestures and words. That under such circumstances his speech and his communications may be difficult to disentangle is not strange. If however by some method one could allow the various aspects of the psyche to express themselves simultaneously with different simple and direct methods of communication, it would be conceivable at least that each part could express itself more clearly and with less internal confusion and resistance. In this instance it seems to have worked that way; and the shame, guilt, anxiety and rage which prevented the patient from putting into words her unconscious knowledge left her free to express it all in her automatic scribbled drawing; furthermore this throws light on

² Homburger, Erik: *Configurations in Play—Clinical Notes*. This QUARTERLY, VI, 1937, pp. 139-214.

the essential mechanism of literature and art, a discussion of which will have to be reserved for another time.

It must be borne in mind, however, that the repressive forces rendered the drawings wholly chaotic until the influence of the psychiatrist was exerted on this patient in a clear-cut and definite manner, in order to assist her in the expression of her problem. In the first place, looking back it becomes obvious that the patient came seeking a substitute father who would give her permission to know the facts about her real father—a 'permissive agent', whose function would be to lessen her guilt and her anxiety and to give her the right to express the rage and the hurt that she felt.

Thus we see that the first movement towards recovery came as she simultaneously talked and scribbled in the first interview and apparently without any insight. The observer on that occasion gave her a certain direct, quiet, but impressive suggestion: that she was to allow her unconscious to deal with her problem instead of her conscious mind. This is an important divergence from psychoanalytic technique with its deliberate drive to force everything into consciousness, because at the same time that the psychiatrist gave the patient permission to face the facts unconsciously he gave her conscious mind the right to be free from its obsessive preoccupation with the problem. The patient experienced an immediate temporary relief. She felt so 'well' the next day that she even thought of not returning for her next appointment. With this ground under her feet, however, at the next session she went deeper into her problem and emerged with her first moment of conscious panic—a panic that was not at this point accompanied by any insight. Her next emotional change evolved rapidly out of this experience, and soon manifested itself in her ability to express her rage, chagrin and resentment openly in her compulsive outburst against her friend and her father, instead of in symbolic acts alone.

In all of this the 'permissive agent', by his active encouragement and direct suggestions, served to lift the weight of guilt, anxiety and ambivalence from the patient's shoulders. As a

new and kindly father he diverted some of these obstructing feelings from their older goals, thus allowing the eruption of the full awareness of the affair. This important function of the therapist—to dislodge old and rigid superego patterns—is one which unquestionably was executed by this mild suggestion at the first interview between the therapist and the patient.

Naturally this could not occur without anxiety; but the appearance of this anxiety, replacing the depression and the compulsions which had existed for so long, marked the upturn in the patient's illness.

III Conclusion

We are far from drawing any conclusions from this single experience. Such observations must be amplified and repeated many times before it is decided that as a consequence any changes in analytic technique are indicated.

It is just to say, however, that without any effort to open up all the buried material of the patient's highly charged œdipal relationships, a direct link was established between conscious and unconscious systems of thought and feeling which surrounded the parental figures, and this by a very simple technique. Furthermore, as a direct consequence there was almost immediate relief from seriously disturbing neurotic and emotional symptoms.

It is unfortunate that although we have a clear picture of the patient's neurosis we have no analytic insight into the character and personality out of which this neurosis developed. This is important because it is conceivable that such a method as this might be applicable for one type of character organization and not for another, even when the two had essentially similar superimposed neuroses. Such studies as these, therefore, should be carried forward in conjunction with psychoanalysis.

PSYCHOANALYTIC INVESTIGATION OF AND THERAPY IN THE BORDER LINE GROUP OF NEUROSES

BY ADOLPH STERN (NEW YORK)

I

It is well known that a large group of patients fit frankly neither into the psychotic nor into the psychoneurotic group, and that this border line group of patients is extremely difficult to handle effectively by any psychotherapeutic method. What forced itself on my attention some three or four years ago was the increasing number of these patients who came for treatment. My custom was not to treat them analytically, except when they were suffering acutely from neurotic symptoms (i.e., anxiety, depression, etc.) and required immediate therapy. With these I tried the usual analytic therapy but in the large majority of the patients, after a more or less lengthy course of treatment, I had to stop treatment leaving them not much benefited. In the case of the 'neurotic character', which makes up a very large proportion of this border line group, much more often than not I attempted no treatment at all, for the simple reason that I had learned from experience that our knowledge of analytic therapy as employed with the psychoneurotic patients was insufficient to achieve good results with this group, especially when their suffering was not acute enough to justify immediate therapy.

In the last three to four years, these patients have increased in numbers; those that I took for treatment were in the main acutely sick and had to be treated. Repeated failure in the past taught me that the knowledge we possessed was not adequate to treat these people. The inevitable happened: it was

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clear to me that though I had handled thoroughly enough the object libidinal phenomena in these patients they nevertheless remained sick, while a straightforward psychoneurotic similarly treated did well. I therefore studied my patients more closely to see what aspects of the clinical picture were unaffected by methods successful in the usual run of psychoneurotics. The results I propose to give in the following pages.

This border line group of patients shows a fairly definite clinical picture and fairly definite clinical symptoms. This has facilitated their presentation from two angles: The first avenue of approach is the historical, as given by the patients and developed in the course of the treatment. The second avenue of approach to the understanding of this border line group is by the investigation of the events in the transference situation; here we find fairly pathognomonic phenomena that enable us to see the differences between them and such phenomena as occur in the transference situations in the usual run of psychoneurotic patients.

The clinical symptoms which I enumerate and describe below come under the heading of reaction-formations or character traits. While all of them are not peculiar to the border line group, some of them are, and others are more pronounced, constant and difficult to influence by psychoanalytic therapy than is the case in the psychoneuroses. They are as follows:

- 1 Narcissism.
- 2 Psychic bleeding.
- 3 Inordinate hypersensitivity.
- 4 Psychic and body rigidity—'The rigid personality'.
- 5 Negative therapeutic reactions.
- 6 What looks like constitutionally rooted feelings of inferiority, deeply imbedded in the personality of the patient.
- 7 Masochism.
- 8 What can be described as a state of deep organic insecurity or anxiety.
- 9 The use of projection mechanisms.
- 10 Difficulties in reality testing, particularly in personal relationships.

1 Narcissism.

That these patients in the border line group belong to a large extent to the narcissistic neuroses or characters, I think is generally known. My patients, as indicated above, constitute a large indefinite group between the psychoses and the transference neuroses, partaking of the characteristics of both but showing frank tendencies in the direction of the psychotic; and we are accustomed to speak of certain psychoses as the 'narcissistic neuroses'. This border line group shows the presence of narcissism to a degree not present in the usual run of neurotic patients. It is on the basis of narcissism that the entire clinical picture is built. In the psychoneuroses we are accustomed to look for basic causes in the disturbances to which childhood sexuality was subjected. With this in mind, an investigation of the earliest narcissistic periods in very early childhood discloses factors adversely affecting their narcissistic development. In at least seventy-five per cent. of this group, the histories show that one or more of the following factors were present from earliest childhood. The mother was a decidedly neurotic or psychotic type, in more than one instance developing a psychosis or psychotic episodes of short duration. These mothers inflicted injuries on their children by virtue of a deficiency of spontaneous maternal affection: among them were mothers who showed much over-solicitude and over-conscientiousness; they were meticulous about the child's habits, food and behavior, but they lacked a wholesome capacity for spontaneous affection. There were in the family, extending over years, many quarrels between the parents and repeated outbursts of temper between parents or directed at the children. In some of the families, before the patients were seven years old, divorce, separation of the parents, and in one case, desertion by one of the parents, acted as added sources of great insecurity at a time when these children were already in a state of affective deprivation because of discords between the parents before the separation took place. All of my patients as children remained then with their mothers, not one of whom before the separation was really an adequate

mother from the point of view of her capacity for simple, spontaneous affection for her children. Actual cruelty, neglect and brutality by the parents of many years' duration are factors found in these patients. These factors operate more or less constantly over many years from earliest childhood. They are not single experiences.

In looking over the histories of the general run of neurotic patients, such data as those above given play a decidedly less frequent rôle. Our patients suffer in the psychic field what David M. Levy has termed 'affect hunger', much the same as food deficiencies leave behind them evidence of physical hunger, that is, nutritional disturbances. Because of the above experiences this group never develops a sense of security acquired by being loved, which is the birthright of every child. These patients suffer from affective (narcissistic) malnutrition. In this connection, however, it might be advisable to raise the question, to what degree a peculiar constitution or endowment, and how much environment *per se*, or a combination of both is responsible for the clinical picture. I have no answer to this question.

On the basis of an injured, starved narcissism the clinical picture develops. Normal narcissistic gratification, normal self-preservative needs in the psychic sphere, are not adequately provided for. The roots of neurotic character traits, and in some patients also neurotic illness, are buried deep in these very early periods of psychic starvation and insecurity due to lack of parental, chiefly maternal, affection. Hence it might be inferred that a disturbance in the narcissistic development of the very young is responsible in this group for neurotic character traits or neurotic illness, just as disturbance in the sexual (object love) development is at the root of the psychoneurotic disturbances.

As Freud states, all neurotic symptom formation is an attempt on the part of the ego to minimize or eliminate the intolerable distress produced by anxiety. In the psychoneurotic group the anxiety develops on the basis of the infantile sexual impulses; in our group, in the main, on the basis of the infantile narcissistic impulses. Narcissism is present in this border line group as the basic underlying character component. It is the soil in

which the phenomena to be described later take their origin, on which they depend for their form and the functions they serve. Having in mind that anxiety is the motor for defense in the formation of neurotic character traits and symptoms, I will describe in detail the above enumerated character traits as seen in the border line group.

2 *Psychic bleeding.*

The picture of a psychic bleeder is a familiar one. Instead of a resilient reaction to a painful or traumatic experience, the patient goes down in a heap, so to speak, and is at the point of death. There is immobility, lethargy instead of action, collapse instead of a rebound: a sort of playing 'possum. In this quiescence the patient is reflexly in a state of self-protection, necessitating a minimum of functioning, and exhibiting complete relaxation in order to counterbalance the great demands made on the organism by danger. Paralysis rather than flight or fight is the reaction. The state of collapse in a sense represents a reflex defense in the form of preparation for recuperation.

3 *Inordinate hypersensitivity.*

Psychic hypersensitivity is perhaps comparable to the physical hypersensitivity of the very young to physical sensory stimuli. That this hypersensitivity serves reflexly, automatically, as an exquisite receptive apparatus or instrument to detect danger readily and to take appropriate precautions is clear enough. That it has no reality function is as true of this as of any other neurotic symptom. But from the neurotic point of view of the patient, the hypersensitivity is a logical symptom or character trait. It is in keeping with a deeply rooted insecurity, which necessitates undue caution and awareness to danger, in this sense clearly an advantage as is any other neurotic symptom. This hypersensitivity, in many of the patients, comes close to the mechanism by means of which the paranoid develops his ideas of reference. My patients are constantly being deeply insulted and injured by trifling remarks made by people with whom they come in contact, and occasionally develop mildly paranoid ideas.

4 *Psychic rigidity. 'The rigid personality'.*

This is one of the most fascinating mechanisms to investigate, see in operation and in resolution; for one can modify 'a rigid personality' through psychoanalytic methods. If we keep in mind that anxiety is the motor stimulating action on the part of the ego for its own defense, the rigid personality becomes understandable to us. Further, as I indicated before, and shall again when discussing the transference phenomena, reactions of defense in this border line group of patients is almost of a reflex nature. The body is brought into an attitude of protective behavior because of anxiety arising from danger within or without. In the transference neuroses, on the contrary, the defense mechanisms have to a much greater extent psychological explanations and values. In evaluating the significance of the rigid personality, I have in mind by way of comparison the rigid abdomen and the rigid knee as reflex responses to inflammation in the respective areas. An extreme picture again for the sake of comparison is the rigid catatonic. With his shifting, watchful, alert eyes and the rigid picture of his body, a connection between the two, on the basis of protection against danger, becomes clear enough. In the patients under consideration, psychic rigidity and often enough physical rigidity, are constantly present phenomena, reflexly protective in nature. What I have not been able to settle in my mind is the time when such phenomena take form. In some it appears that the rigidity is present in the earliest years, before four or five, increases at important periods, as for example, puberty, and with important (to the patient anxiety-producing) experiences. Maturing for these individuals is fraught with great danger (anxiety) against which protection through psychic and physical rigidity goes forward apace. The recognition of the defensive purposes of this rigidity gives the clue to its therapeutic handling, just as it does in instances of handling defenses in the transference group.

5 *Negative therapeutic reactions.*

Such phenomena are regularly observed in this group of patients. One notes depression, readily aroused anger, discour-

agement and anxiousness as responses to any interpretation involving injury to self-esteem. Since the handling of anxiety is attempted essentially through defensive measures, it becomes clear enough that any interpretation that impairs the neurotic defense at the same time releases the anxiety which determined the patient to resort to protective devices for a feeling of security, so that a depression ensues, or discouragement, anger, etc. The margin of security of these patients is extremely narrow, and an enlightening interpretation throws them, at least for the moment, into despondency, so that only rarely does one notice a favorable reaction to discoveries. Furthermore, in estimating the significance of the negative therapeutic reaction one must bear in mind that the marked immaturity of these patients, and their insecure, depleted narcissism impel them to react to interpretations as evidence of lack of appreciation or love on the part of the analyst. With these patients analytic therapy is like a surgical operation. The surgical operation is a therapeutic measure, in itself traumatic but necessary. Care then must be exercised that the operative technique be adapted to the particular patient at that particular time and not to the illness. Good judgment based on clinical experience, is of inestimable value here. A negative therapeutic reaction is nevertheless inevitable; in some the reaction is extremely unfavorable and, cumulatively, may become dangerous; patients may develop depression, suicidal ideas, or make suicidal attempts. In these negative therapeutic states the necessarily dependent attitudes are exaggerated, and the demands for pity, sympathy, affection and protection made on the analyst are extremely difficult to handle; the transference situation, complicated as it necessarily is, becomes even more so. Ordinarily such patients' relationship to people in authority is determined by their need of love and protection, to be obtained by them through infantile methods, especially obedience, compliance, and insistent demands for tender gentle handling. The same attitudes are operative in the transference, and the patients, though they understand the interpretations, at the same time react neurotically (i.e., through the negative therapeutic reac-

tions) as though they were rejected. The result is an increased clinging to the analyst as a parental figure.

6 *Feelings of inferiority.*

In connection with these phenomena, as with the others mentioned, I attempt no explanation of their origin. My object is to show their clinical function as a logical part of the pathology of the illness (neurotic character), and to demonstrate here too that a symptom is evidence on the part of the organism, the ego, of an attempt to combat anxiety. In these patients the feelings of inferiority are pervasive, including almost the total personality. Essentially the feelings of inferiority are accepted by the patients as unpleasant but logical and inevitable for them. There is no questioning on their part as to the validity of their judgment in this respect. One gets the impression of a delusional coloring to this. The patients are convinced of their inferiority, lacking *in toto* insight in the symptomatic nature of these feelings. Not a few of my patients have become successful in their chosen fields of endeavor, have acquired excellent general and professional educations; not a few have prepossessing physical and psychological characteristics—but none of their accomplishments, nor the sum of all of their accomplishments, in the least influences them in their judgment as to their being inferior people. A close approach to this picture is the delusional self-depreciation of the melancholic.

These border line patients are cases of arrested development and patently show infantile character traits. From this point of view, as I shall try to show in some of their transference phenomena, it is quite logical from the premises of the patients that they feel inferior—immature, young, weak, timid, unworthy, never loved, etc. These feelings of inferiority are used in the service of overcoming anxiety whenever action or thinking is required of the patients that might demand of them the exercise of adult functioning. The discrepancy between adult functioning as they see it and what they feel themselves capable of doing is sufficiently great to precipitate enough anxiety to make the patients recoil and slump into inaction,

acutely conscious at such time of feelings of inferiority. Assurance against recurrence of anxiety is obtained, unsatisfactory as it may be to the healthy judgment of the patient, by remaining inactive and loudly proclaiming his inferiority, with the hope that instead of being pushed to adult behavior, he will be consoled, pitied, or allowed to remain dormant. The conviction of being an inferior individual influences the patient against active behavior and is pleadingly proclaimed to the analyst (paternal figure) in order to achieve the same objectives (to bring out the parental rôle). It is among these patients that one frequently finds (the bane of the analysts' existence) those who get a thorough psychoanalytic education through being analyzed and remain quite sick people. They have the intellectual equipment to accumulate knowledge and unless the analyst is on his guard, will use this knowledge not to unravel sources of their feelings of inferiority, but neurotically to bolster up their ego, with pseudo-therapeutic results.

7 *Masochism.*

It is not very clear how this fits in as a defensive, corrective or protective phenomenon. That it is present is clear enough and easily verified. In this class of patients, self-pity and self-commiseration, the presentation of a long suffering, helpless picture of the injured one, are regularly met; also what I call wound-licking, a tendency to indulge in self-pity. All these roughly but not very clearly may be considered as agents for obtaining a compensation for what the patients, and some of them justly, regard as not being or having been sufficiently loved in their childhood, a sort of unspoken plea for help and love as a needy child seeks it. There is no doubt that such patients suffer much. Many tend in the direction of depressions and some of my patients in this group came with acute depressions; and masochism is of very frequent occurrence. The latter is demonstrated clearly enough in their dreams, their symptoms, their lives. They hurt themselves in their business, professional, social, in fact all affective relationships.

Masochism is in itself a phenomenon so malign, that it seems

futile to ascribe to its constant presence in these patients a remedial or defensive purpose. In respect to the other character traits, it is comparatively easy to see such a purpose.

8 *'Somatic' insecurity or anxiety.*

In a sense, the use of the word anxiety with reference to this particular clinical symptom is a misnomer, for the simple reason that anxiety as such is not a constant phenomenon, nor do these patients by any means regularly complain of its presence. On the contrary, many present to immediate observation, a placid, perhaps better put, a stolid physical and mental equanimity. They strike the observer as not enough disturbed by difficult situations. In the course of analytic investigation it becomes apparent that an inordinately adequate system of defenses had been established by means of which this pseudo-equanimity is maintained. A knowledge of this on the part of the analyst is of benefit both to him and to the patient. It should guide the procedure to undo as little of the patients' defenses at a time as possible. For these patients are capable of releasing unpleasant, at times dangerous quantities of anxiety in the course of analytic therapy, so that as the analyst pursues his efforts at investigation and therapy simultaneously, he becomes familiar with this elaborate defensive system. With treatment a clearer picture of a deep underlying insecurity is unfolded, stretching back to earliest childhood, its roots penetrating to periods beyond memory. Instead of the fairly common clinical picture of traumatic experiences in childhood, with which we are more or less familiar in our neurotic patients, it seems as though insecurity always existed or was dissipated by some device. One rarely gets an impression that these patients at any period in their lives possessed self-assurance or self-confidence, unless the environment in some form or other gave it to them for the time being through approval, or when some experience gave them a temporary feeling of being completely adequate. Self-assurance usually was an evanescent experience, rather than one gained through a process of growth, maturity, experience, reality testing. That

is, in an individual of ordinary self-assurance, an unfortunate or stupid experience is regarded by him as a thing *per se*, to which he reacts as such. To an individual in our group, one such experience is interpreted to mean that he is thoroughly unfortunate or stupid and he suffers a total depreciation of his ego (self-esteem), or the reverse, an elation, or an exaggerated self-esteem from one successful experience. These individuals give an 'all or none' reaction. It is in connection with this deep insecurity that early parental love seems to play an important rôle. Those doing work with children are in a position to test directly the value of observations made in the case of these adults. I wish to say that my interest in the possible causes of these phenomena in the adult was aroused by reading material on this subject written by Dr. David M. Levy, and through talks with him. On the basis of these observations, it seems of value to keep in mind that a sense of security, of self-assurance, is developed in children on the basis chiefly of spontaneous maternal affection and to a minor degree paternal love. These children, deprived of something as essential to adequate psychic narcissism as food is to the body, meet experiences later in life already burdened with pathological insecurity, that is, they show a proclivity to develop anxiety. Sexual experiences or anything that is in their opinion disapproved of by authority, or which may involve danger, or put them to a test, are approached in their peculiar but to them logical way. Because of their, as they see it, already precarious state, anxiety in great quantities is ever ready to be mobilized, for disapproval or danger threatens to make an already insecure position still more so. Defense reactions are set into operation, those described above in particular. These adults in their childhood as a rule were inordinately submissive and obedient through fear and need. They clung to parents and substitutes with the desperation of the greatly endangered. In the female, penis envy and in the male, castration anxiety play considerable rôles. Anxiety because of the sexual impulse also plays a considerable rôle. The œdipus complex most assuredly does. But in connection with these facts, one thing must be kept in

mind: that antedating, or coincident with the above, there is a degree of immaturity and insecurity that is not present in the ordinary transference neurosis with which we are familiar; and this deep insecurity stems from disturbances in the narcissistic needs.

9 *The use of projection mechanisms.*

We know the wide use made of projection mechanisms in the psychoses. In our patients projection mechanisms are in common use; this is one of the phenomena which links this group with the psychotics. The use of these mechanisms implies the existence of a piece of defective judgment, which gives the patient's ego a more ready handling of his neurotic anxiety. The causes of his anxiety are projected to the world outside; he sets defensive behavior into operation at the cost of insight. The immature, narcissistically needy person can thus more easily protect himself from what he considers a hostile environment, through defensive measures (rigid personality, introversion, psychic and physical withdrawal, mild delusional systems, etc.). He is, however, unable to recognize that his insecurity is inwardly determined, for that would necessitate internal psychic changes in the direction of maturity and self-confidence which he cannot attain. The easier path is to explain his difficulties on the basis of a hostile attitude of the environment towards him and the inordinate difficulties that his conception of reality present, particularly in relationship to people, chiefly people in a position of authority.

10 *Difficulties in reality testing.*

This will be described in part II, in connection with treatment of the transference situations.

II

The development of the illness as manifested in the course of the transference affords an intimate bedside opportunity, so to speak, for appreciating the differences between the clinical picture of this border line group and the picture of the frank

psychoneuroses. I have attempted to show in part I of this presentation the very important rôle that narcissism plays as an etiological factor in the border line group: this causative factor necessarily operates in the clinical picture both as the patient presents it upon examination and also as he evinces it in the unfolding of the transference relationship.

Because of the preponderant influence upon the clinical picture of narcissism the therapeutic handling of the pathologically affected narcissistic impulse becomes a problem that is not present to an equal degree in the transference neuroses. On this basis some modification of the psychoanalytic technique is a logical procedure.¹

Let us keep in mind the broad picture given in part I. Just as in the transference group, so in this also, prevention of

¹ It is in this connection that what I called above a modification in the application of psychoanalytic therapy is indicated. Really there is no change; my experience has taught me several things in the matter of this extreme, desperately clinging and dependent transference situation. These patients need much more supportive treatment than the usual run of psychoneurotic patients. Among the border line group of patients, those who come with an acute neurosis, chiefly depression and generalized anxieties, or those who develop disturbances in the course of therapy, which is the case with most, we find to be very sick people, much sicker than those in the psychoneurotic group. This latter group regularly presents a less grave picture. So that, just as in the field of physical medicine, the very sick are coaxed along, so to speak, by all manner of supportive treatment while medical measures are concurrently applied, and radical measures put off until the patient's powers of resistance are adequate. In this field too, supportive treatment over long periods is an essential preparation for the time when psychoanalytic technique can be applied. Because these patients are gravely ill and because work on the transference relationship, acting as a frustrating agent, is borne badly by these patients, greater attention to supportive therapy marks one modification of technique. A second modification consists in a rather constant occupation with the transference relationship to the apparent neglect of the historical material and interpretations. The affectively immature attitudes, which manifest themselves for long periods and in great quantities, make intelligent work impossible, except for that which the analyst can, so to speak, force the patient's healthy ego to accomplish in the understanding of his dependent attitudes incident to his narcissistic needs. At first this, as one patient put it, cutting 'across my path' is a disturbing process, for it necessitates frustration to the patient; and this is something these patients find difficult to tolerate. However, careful handling will materially diminish the persistent impulse to cling, and a certain amount of healthy intellectual functioning becomes available for work on the historical material and interpretations.

anxiety is the motor for the neurotic behavior. That the transference situation is a miniature neurosis is well enough known. The particular mechanisms used by the patients in handling anxiety that develops in the transference situation give us a clue to a diagnosis and prognosis, so that as we watch the transference phenomena develop we are in a position to estimate where we are and what we need do.

In studying the transference relationship in this group, first and foremost we see established a relationship to the analyst of extreme dependence. These affectively immature people cannot form an affective relationship on any other basis. Since the need for protection is great, we note in these patients, as evidence of dependence, a strict adherence to rules, an obedience, at times something like a compulsive application to the analytic job, and efforts to win approval, commendation, emphasis on trouble and suffering to arouse the protective sympathy of the analyst. So intense an affective involvement can this attachment become that attention to this aspect of the transference relationship takes up an inordinate amount of time, much more than in the work with less immature people.

This phase of the transference relationship gives us insight into the degree of the patient's immaturity. It is startling at times to discover the naïveté with which the analyst is viewed and accepted as a personal, corporeal god and magician. Some patients, without any surprise or sense of the unreal, accept the analyst as some vague presence without definite form who must not even be looked at. The startling thing is not so much the existence of these phenomena, but that the patients never see that there is something odd and strange in their psychology to make such attitudes possible. They accept the giant size, omnipotence and omniscience of the analyst as children believe in fairy stories or in the omnipotence and omniscience of the parents or God. These patients cannot get or expect help or love or care (that is 'cure') from any but one who reproduces in fantasy the parental figure in all the exaggerated proportions of childhood. When these patients develop anxiety in the analytic situation through anything that disturbs this positive protective state, that anxiety is

great, directly in proportion to the protection destroyed or endangered.² Some patients state without any insight that they feel as secure and happy in the analysis as though they were in a Nirvana. They are just happy. One can easily picture the anxiety, the depression and defensive anger, when the naïvely accepted love giving object becomes hostile in the patient's eyes. When this pleasant Nirvana state changes, there comes a fairly well marked mental confusion, and anxiety-driven efforts to reconstruct the old situation. In these states little can be done in the way of analytic work. The patients need soothing and tentative attempts at explaining the change in their mood. Some of these patients come uncomfortably near to a psychotic state in such phases of their transference. In this state as a rule the patients make violent attempts to recapture the old beatific illusion. Often through the production of analytical material (association and interpretations or through emphasis on their sufferings) they seek to soften what they think and feel is the cruel attitude of the analyst. The disturbance of the sense of reality in so far as the rôle of the analyst is concerned is startling, particularly in that the patients accept the unconscious implications of the relationship as though it were reality. Interestingly enough, in the mildly disturbed transference states not infrequently the patients feel thus distressed only when in the analytic session. Many say that as soon as they enter the waiting room or at times even the building itself, an acute, uncomfortable sense of anxiety takes hold of them. Not one, to my recollection, has commented on this change as something for which he could not account, but instead accepted it as something wholly in keeping with his relationship to the analyst. As one put it, 'How else can I feel but in awe of you?'

To return to the topic of neurotic character traits (the tenth

² Among these patients one not infrequently finds those that demand and seek 'the very best and greatest' analyst as the only one that can help them. Offhand one might get the idea that their narcissistic love is what influences them in such ideas or quests. The fact is that it is not at all difficult to demonstrate that they have deeply suppressed feelings of great insecurity and inferiority, and that on this basis they need 'the best and greatest'. The ungratified and ungratifiable narcissistic needs are responsible for this demand.

on the list given in part I), disturbance of the sense of reality is a characteristic phenomenon in these patients in their relationships to the parental (imago) rôle of the analyst. Again it does not strike these patients at all strange that they attribute such gigantic proportions to this psychic and physical imago. The naïve acceptance of this is something to note; it may well warn the analyst to watch carefully for the effects upon the patient of what he says. To these people it is a god, a magician, an oracle that speaks with all the force that such beings possess for the very young; if these beings at the moment are favorably inclined to the patient as he at the moment feels, the influence upon the patient of information given by these imagos is of note. Such a process as good logical reality thinking is not to be expected under the circumstances. Sound common sense in the patient and reality testing are in abeyance, or should be expected to be. So also, when these imagos seem hostile to the patient, it is clear enough that anything savoring of criticism, as any interpretation is apt to be construed, has a most disturbing effect. Illusory improvement is a common phenomenon during the positive transference. The rise of self-esteem at what the patient interprets as approval, commendation or preference of him by the imago is marked indeed; it corresponds to the self-depreciation produced by what the patient interprets as criticism on the part of the imago. The affective immaturity of these patients precludes a transference that carries with it sufficient reality relationship to give the analyst a feeling of safety in relying to any great extent upon the patients' ability to use any but the smallest fraction of intelligence otherwise more or less competently operating in the patients' professional activities. More with these patients than with frank transference neurotics, is it necessary to watch closely the effects upon the patients of what the analyst says. For it is the imago that operates for a long time upon the psyche of the patient, rather than the analyst as a reality person. It is well known that at the outset of treatment such extreme distortions of the person of the analyst and of his functions are characteristic and expected phenomena in

the transference. What looks like improvement can then be better estimated, and sad disappointment to the analyst and depressions for the patient possibly avoided.

The negative therapeutic reaction is a constant phenomenon with these patients and constitutes a far more disturbing and important clinical symptom than in the ordinary run of patients. I should like to add some remarks to what has already been written about the negative therapeutic reaction based on its occurrence in and influenced by the transference. As is known, we have an expectation and assume that a patient will react favorably to some discovery made for him or by him in the course of the analytic work. Yet, are we justified in such an expectation? Certainly not when the discovery is first made. The negative therapeutic reaction in these patients is significant later, when in reference to the same piece of news or interpretation, a reaction of depression, anger, anxiety or discouragement takes place. That is to say, when some familiarity with the unpleasant material should have come about through reiteration, and some acceptance should have resulted, the patients for a long time react as though it were *de novo*. It seems to me that on the basis of the patients' premises such reactions are to be expected; for the negative therapeutic reaction means that the anxiety incident to facing a new situation of danger has been avoided at the expense of pain, i.e., depression. To admit to consciousness any painful concept is fraught with anxiety. This anxiety the patient must avoid; a successful avoidance is evidenced by a negative therapeutic reaction.

In these patients the problem of growing up is anxiety ridden. Being grown up is to these patients, especially in their relationship to people, a fantasy of perfection such as they ascribe to adults. In fantasy this can be attained, but behavior to prove it or test it out is anxiety ridden. Whenever he successfully attains adulthood, the patient has a secret idea that his performance was not real, and that he might easily be unmasked as a make-believe. To achieve a successful performance means to him a rather violent suppression of his neurotic

inferiorities, and the assumption (which might be detected) of the rôle of some highly envied omnipotent imago (father, mother). The patients correctly recognize in this a certain make-believe, though far too inaccurately and inadequately to be of service to them.

The transference situation offers opportunity for study of this: at the core of this situation is the enormous over-evaluation of the imago by the patient. Except through illusion, the patient cannot identify himself with the (imago) analyst; that is, the patient never identifies himself with the analyst but with his conception of him—through a process of projection of his own ego ideal as embodied in the gigantic size of the analyst (imago). It is this figure which talks to him. Therefore, when for instance, the patient is told that what he has just said indicates some suppressed hostility from childhood to an older brother or father, the patient collapses through fear of punishment by virtue of his having been discovered. This is approximately what such an interpretation means to these patients. Frequently the patient makes a vow to get rid of the hostility as soon as possible and may return to the next session feeling fairly satisfied with himself, and tell the analyst, with the hope of being approved, that he now has mastered this hatred and rid himself of it. Usually in a short time the same material returns and the same interpretation is made. The reaction is similar to the first—chagrin, guilt, fear of punishment, dread of not being approved, all are set going again because the major portion of 'seeing' has been illusory, due to an effort to win approval from the analyst, and to enhance the patients' self-esteem and self-assurance.

Another phase of this negative therapeutic reaction is that pertaining to failure when really success should be expected on the basis of the work done and the understanding which the patient exhibits. What should not be overlooked here is the fact, really the fact, that the patients' conception of reality behavior and accomplishment is too illusory. The very immature patient feels that to be able to live in the world of reality, as he sees it, he must be as he conceives his imagos to be.

Actually, the investigation of the transference phenomena informs us that as far as people go, these patients still live in a world of their own childhood—so that getting well and being adult are attained through *wishing* to be able to do what grown ups do, and this they dare not risk. In the imagination it is easy enough and while in the analysis, but independently the anxiety is too great.

Another prevalent phenomenon in the transference is the lack of contact of patients with the analyst (imago). The patients, particularly in periods of hostility and anxiety, are in a state of withdrawal. This is no light affair. One can sense that the patient has retired within his rigid protective covering and carries on his analysis from this position of security against the analyst. Most patients will talk on uninterruptedly as though oblivious of the analyst, but interruption of the flow of associations will bring about as a rule, anger or anxiety, and the information that the patient had in mind the possible influence upon the imago of the patients' effort to please or appease the anger of the imago. One notes such a tendency in other kinds of patients also but not to the degree and lengths to which our patients go. In fact, this mode of transference is typical and varies in degree with the quantity of narcissism involved (rigidity). One can ascertain that this exclusion of the analyst involves many factors, an outstanding one being the removal by the patient of himself from a hostile, critical, ridiculing parental figure. One gets the feeling about some of these patients that they crawl into their hole and pull it in after them (intrauterine state). The degree of immaturity and insecurity from which these patients suffer helps to understand the intuitive, archaic nature of this defense mechanism.

One notes readily that much of the work which these patients do is tendentious. Intellectual and superficial association, long descriptions, carefully selected words and sentences, well rounded out; a quiet, contained and constrained demeanor, the enunciation of words of anger, anxiety, love, without their emotional contents, a flatness, a monotone are what they present, regardless of the affects described. The absence of affect

from the transference situation is characteristic of much of the work. Of course, these individuals have that same demeanor in their daily life outside of the analytic situation.

Those patients who come into the analysis with an overt neurosis of which anxiety is the main symptom develop at the very outset of the treatment a violent, clamoring, grasping at the analyst in their great need for protection and assurance. They almost literally attach themselves by every childhood organ or sense of prehension. In the course of the analysis in those patients who come into treatment free from much anxiety because of successful repression, the anxiety becomes overt due to study of their defense mechanisms, particularly in the field of the transference, and the same picture as above described is initiated. In fact, successful treatment is characterized by precipitation of anxiety in the case of patients who have successfully repressed it. In some patients, when the anxiety is precipitated by an unfortunate current experience outside of the analysis, we get the same clinging attachment. Those patients who do not develop any acute anxiety present a stolid, at times solid immobile exterior, though they not infrequently describe disturbing sensations of anxiety in the chest, bowels, genitals, and scalp (as though it were being lifted off); only later in the analysis do these patients express affect through their voices. This last (stolid) group comprises at least fifty per cent. of the patients I am describing as belonging to the border line group.

One often misses, except later in the analysis, what we are familiar with as 'free associations' in the object-libido group of patients. One can gather from the trend of my presentation that the great need for these patients is protection to a degree that takes precedence over all others. One cannot therefore expect 'free associations' of a kind we get with the less immature neurotic. A difficult task for these patients is to release hostility. As one put it, 'It is bad enough as it is, how would it be if people sensed or heard my hostility?' Only as the immaturity particularly in the transference is gradually ameliorated, and the need for protection diminishes, does one get a transference picture comparable to that found in the

other groups of neurosis. Only then can the patient really make appropriate, adequate use of the historical material brought into the analytic work; only then can he really understand and incorporate (digest) the significance of much of the work (interpretations) done concurrently with the almost endless work on the transference relationship. Interpretations, though not in reference to transference, are frequently made to give the patient opportunity to exercise his intellect and to derive some ego satisfaction. Interpretations are made also with a view of giving the patient knowledge. All the while the analyst knows that much of this will have to be gone over after more maturity has been attained, so as to render the effects of interpretations that are not related to transference material less tendentious. With this class of patients it is of prime importance that the analyst be fully cognizant to what extent the patient knows what he knows. Only after the transference, established on this extremely immature basis has been well worked out, can the significance of parental attachments of the œdipus period, castration threats, the sexual impulse, its pleasures and dangers and a host of other phenomena become subjects for explanation with some expectation of their being adequately understood. Only then do these phenomena take their appropriate rôle as factors in neurotic etiology in this border line group. For the anxiety which seems to be the motor for symptom or defense formation is earlier in point of time than the castration anxiety of the transference group of neuroses; the transference situation in our group then has these basic early infantile colorings. It begins in a period which appears to antedate sexual development as the factor in neurotic illness. Not that this does not later appear in this capacity, only to add difficulties to the already overburdened child in its efforts to handle an insecurity already of great magnitude.

Summary

The shortcomings of this presentation are evident enough. A certain vagueness is at present unavoidable, because the material which this group offers for study runs so clearly in

two directions, namely, towards the psychotic and the psychoneurotic. Much more time and investigation are necessary to evaluate the rather obscure phenomena these patients present.

That they form a group by themselves, which one can designate as border line, is a justifiable assumption. On the basis of this assumption, one finds in this group characteristics which separate these patients from the ordinary run of psychoneurotics. These characteristics I have attempted to describe. This presentation had in mind a description from two points of view: first, the historical, as given by the patient, and then developed in the course of treatment and study, and second, study of these characteristics as they operate in the transference situation.

The latter approach offers opportunity for study of these character traits that has great advantages. One has an opportunity of seeing them mobilized by the transference situation, forming a 'miniature' neurosis, the elements of which can more easily be studied because they concern the patient and the imago (analyst); moreover, just as in the case of the transference situation of the psychoneurotics, this then tells the analyst what therapeutic measures to apply.

Since in this border line group, narcissism is the underlying material from which the symptoms (defense) originate on the basis of needs (anxiety), psychoanalytic measures are instituted just as is the case in the psychoneurotic in whom anxiety arises in connection with psychosexual impulses. However, in our group narcissism is the source of anxiety. Though we have long been familiar with narcissism, when it is present in large quantities as presenting phenomena such as our patients bring, an approach to it directly has not to any great extent been made. This presentation has as its object this aim: to show that narcissism is amenable not only to psychoanalytic investigation but to psychoanalytic therapy.

There is no doubt that these patients have not been adequately reached by methods more or less successful with the average psychoneurotic. The same psychoanalytic technique, with the variations indicated above, is applicable in cases of

the border line group except that, although attention to and treatment of the disturbed psychosexual impulses is included, there must be attention to and treatment of the disturbed narcissism as well.

As is the case in the psychoneurotic, so too in this border line group, whatever there is of healthy ego functioning not involved in the sickness is utilized by the analyst in his efforts to achieve results. It is clear, however, from the description of this border line group, that a great part of ego functioning is involved in the illness, a greater part than in the transference group. This is one important feature in the border line group that makes therapy more difficult, and the prognosis more grave, than in psychoneurotics.

SUICIDE, PREGNANCY, AND REBIRTH

BY BETTINA WARBURG (NEW YORK)

The patient whose analysis provided the material to be presented here was a woman in her middle twenties. There is little doubt that her severe obsessional neurosis had definitely been conditioned by a congenital *talipes equinus* which deformed her left leg and foot, as well as by unusually marked deprivations and frustrations during her early life. A detailed study of the interrelation of the reality situation and the ego and symptom formation might prove extremely interesting, but does not lie within the scope of this paper which deals only with the utilization of certain specific trends and the manner in which the patient acted them out according to her libidinal organization of the time. Suffice it to state that her daily emotional satisfactions were almost entirely derived from rituals of thought and action which, by their very nature, reduced her reality gratifications to the barest minimum.

I

One year after a competent gynecologist had pronounced her cured of a gonorrhœal infection, the patient finally sought analytic treatment because of a persistent fear that she might still have gonorrhœa, despite repeated negative tests. She had had intercourse without untoward consequences, but she was afraid of infecting men during the sexual act, particularly if she happened to be menstruating, and of being reinfected by them. The patient claimed that since her gonorrhœal infection she could not menstruate unless she took liver extract by mouth.¹ Except under special circumstances she could not ingest milk, coffee or meat without suffering from gastro-

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¹ The blood picture revealed no abnormalities.

intestinal disturbances. She could, for instance, eat meat with impunity if she dined with a man. Cleanliness was of tremendous importance: her underclothes had to be washed daily, the bathtub had to be scoured many times although she bathed standing up and turned a hose on herself, and for many years she had been unable to sit on toilet seats. She was particularly afraid of and disgusted by bedbugs and worms.

Barely able to support herself at a job for which she had inadequate technical knowledge but which she managed to retain by her wits, she prided herself on her mental capacity and was inclined to feel superior to others who had had a better education than she. Her positions were of short duration but she generally left of her own accord for neurotic reasons. Help from men was consistently rejected although she often asked for financial assistance from her female relatives and friends, since she was chronically in debt. The patient tended to blame many of her difficulties upon ill health and upon her foot, which was her only physical deviation from normality.

During the month which elapsed between the preliminary interviews and the beginning of her analysis, the patient met and married a dull, impotent man who could not support her. This she claimed to have done in order to afford a private bathroom and to satisfy her sexual needs, but she was afraid that the analyst might now refuse to treat her. In the second hour she asked whether her analysis would be stopped if she became pregnant. It soon became clear that this marriage was not only a reaction to the customary pre-analytic instructions regarding changes in the civil status during treatment which she had evidently taken to mean a prohibition against marriage, but also a protection against masturbation or an affair with a married man who unconsciously represented the father to her.

II

The patient was five years younger than her only sister, and her father had very much wanted a boy. Because of her deformity the mother at first wished she had never been born

but the father said that she might grow up to have a remarkable brain. In later years the patient thought that his remark implied that he had rejected her as a woman because of her foot, and that she must make up for her deficiency by having a superior mind. The father was an intelligent rather impractical man who was dominated by, and socially somewhat inferior to his wife. He died suddenly of a brain abscess following a nasal operation when the patient was four years old. It was said that his mind would have been affected had he survived. The patient distinctly remembered being distressed because she could not see him while he was ill and being unwilling to look at him in the coffin. She retained fragmentary memories of him, among them various foods they ate together which subsequently became taboo for her;² also an incident when she and her mother were angry because her father left on a business trip, and she had eaten a whole jar of white nuts. She had a feeling that there had been an alliance between him and herself and that they were braver than her mother and sister. Before his death she frequently dreamed of being in a boat with a white sail into which huge fuzzy snakes crawled out of the water.

The mother was a tense, moralistic woman who had had a severe mental illness before her marriage. When her husband died she was left in financial straits and had to go to work. The conditions were such that the family had to live with other people and they never had a home of their own again. She felt that she was sacrificing herself for her children and that her husband should have left her more money. Severely disappointed by her own father also, her hostility expressed itself in constant warnings to her daughters about the dire consequences of having anything to do with men. Although she had attempted to explain childbirth by vague 'beautiful' allusions to flowers and seeds, she was terribly angry at the patient when a short time afterward she discovered the little girl with a doll

² When the patient had gastro-intestinal disturbances the mother gave her orange juice which she hated, after which the father allowed her to eat what she liked, overruling the mother's objections.

under her dress, pretending that she was going to have a baby. The patient was made to feel that she had done something terribly dirty. Sex in any form was considered low and unmentionable. On the other hand gastro-intestinal functions were stressed and the children were given frequent enemas and cathartics.³

After her father's death the patient felt neglected by her mother as she now had to shift for herself a great deal despite her physical handicap. Unable to participate in the active play of other children, she felt self-conscious and different. She had, as her analysis showed, unconsciously considered her father's death as a desertion, had made a hostile identification with him, and in fantasy wished to take his place with the mother to whom she was then deeply attached. She learned somewhat later that her mother's menstrual periods had ceased abruptly after the father died, 'as if someone had put a cork in her', and based upon the mother's thinly veiled hostility toward the father, the patient developed an unconscious fantasy that her mother had killed her father and kept his penis. Consequently she both loved and feared her mother as the bearer of her father's penis, and by the same token allayed her own sense of guilt for his murder.

She resented the mother's preference for the older sister and was intensely jealous of her, the more so since the small patri-mony which paid for the sister's new clothes only provided the patient with orthopedic shoes, so that she had to wear the sister's hand-me-downs. Unable to compete because of the age difference and because of her foot, she developed a strong feeling of feminine inferiority for which she over-compensated by a sense of mental superiority and by a compulsive need throughout her life to recapitulate the life-pattern of the sister.

Menstruation began at eleven and was followed by a marked change in the patient's personality. She had always wanted to

³ The patient gave up taking liver extract when she recalled that her mother often took calomel saying 'my liver is going to be the death of me'. The patient's inability to menstruate without taking liver extract had the significance to her that she could not be a woman unless her mother were dead and orally incorporated by her.

be older to avoid the difficulties of her inequality with her maturer sister and with other children; now she felt grown-up and was proud to have breasts and to be able to have a baby. She wanted to tell men why she could not go swimming at certain times. However, the sense of guilt for her œdipal wishes soon overpowered her genital impulses.

Already as a young child she had been angry with her mother who sat in the twilight and did not want the lights turned on because she thought of the father at that time. One of the patient's memories of her father was sitting on his knee in the lamplight while he read to her. She could not wait to turn on the lamps to do her compulsive and omnivorous reading. Unconsciously this meant that father belonged to her and not to the mother. A little later she first bathed and then read in bed. Masturbation took place in the tub and was then followed by rituals of cleanliness. Conversion symptoms began to make their appearance, many of which showed a hostile identification with the father or a punishment for her aggression against both the father and the mother.

One of the patient's childhood memories dealt with her father's lancing some styes she had developed and the attendant discussions he had had with her mother about doing so. After the age of fourteen she frequently had severe sinus infections and abscesses which had to be opened by doctors, with whom she then fell in love. During her teens when she was already working, she thought that she, like her father's first wife, might die of tuberculosis. The patient felt sure that her father had loved that woman more than her mother. By means of this fantasy she condensed three powerful wishes: to be nursed and cared for without having to work, as a revenge against the mother who liked her only if she brought home money; to displace her mother by means of an identification with her father's first wife; and to join her father in death.

At a time when she was in reality having 'crushes' on ministers, she frequently had dreams of walking in heaven where the atmosphere was beautiful and clear and there were marble halls. She communed ecstatically with nature: the sun was

like a door into heaven and definitely symbolized the father—she must be alone to watch it go down. There was a strong feeling that her father was not really dead but that he was in heaven and would know if she masturbated. At fourteen she was scarcely able to leave the house because of her feeling of shame about a severe acne at which she picked compulsively.⁴ Later, when she had her first lover she could not have an orgasm out-of-doors because it was like a desecration. Indoors she was not frigid but very much afraid that the mother would catch her and do something terrible either to her or to the man.

She left school at fourteen because of the severity of her neurosis and its attendant physical manifestations. Following a pitched battle with her mother, she went to a professional school and began to go out with boys. After this she gained the conviction that she could assert her will over that of her mother.

Her sister married when the patient was fifteen and had a child two years later. Both she and her husband treated the patient and her mother like servants which made the patient feel more inferior than ever. Sleeping in bed with her mother at this time made her feel disgusted with her mother's 'dirtiness'.

At sixteen she began a love affair with a man who attracted her because of his 'brains' and whom she hoped to marry. He was the weak son of a rich man, and when after two years he deserted her, she felt that he had done so because 'he was ashamed of me on account of my foot'. When she sensed that he would leave her she became frigid with him and remained so in her subsequent relationships with several other passive men, who all represented the castrated father to her. A Platonic relationship with an older married man, who treated her 'like another man', gave her a strong feeling of security that she had lacked with the others. Against the mother's wishes, he helped her to have her deformity corrected surgically. Hoping to cure her frigidity she had a clitoral circum-

⁴ A vegetarian diet and daily enemas were her way of clearing up this condition although medical measures had failed.

cision and a uterine dilatation four years later. She thought the hospital was dirty and was terribly afraid of contracting an infection.

Soon afterwards she sought out her first lover, whom she had not seen in six years, with the idea that he would now marry her. He showed no inclination to do more than have sexual relations with her, and she contracted a gonorrhœal infection from him. The patient, who thought gonorrhœa to be an incurable disease, regarded it as a punishment for trying to force her lover to marry her simply because 'his ghost kept her from being human with other men', although she really no longer loved him and was more attracted to another man.

From early childhood the patient had had a phobia for caterpillars, bugs, and particularly earthworms, which she unconsciously identified with the penis of the father coming out of the brown earth (mother's dirty interior). At puberty she had begun to fear venereal disease as symbolic of the punishment for incestuous intercourse and pregnancy fantasies.

III

When the patient found that she had gonorrhœa, she felt as if her worst fears had been realized. Her mother had frequently said that something like this would happen. In the face of all her difficulties she had always held the idea of suicide in reserve. Now she decided that she never got anything she wanted in life and would join her father in death. By dying she would be purified and cleansed of her incurable contamination and so made fit to be reunited with him. She felt that her mother should be protected from the knowledge of her suicide but she told her sister and her best friend of her plans. Both were entirely acquiescent. The friend was to tell the mother that it had been an accident on the lake and to recover her remains after dark. She had conscious hostile thoughts against her sister.

On a sunny afternoon the patient put on a white bathing suit which she later associated both with a defeat by her sister and with a bridal dress. When she was in the boat on the lake

she thought of her body being eaten up by fishes, worms, water snakes, and bloodsuckers. This was so horrible that she could not jump and she returned to the shore. Before this she had always prided herself on being able to carry out anything she had decided to do. In this instance she had failed. Directly her whole attitude changed; she would live but be entirely different. Before she had felt dependent upon men but afraid that nobody wanted to marry a woman with a deformed foot. Now she was self-sufficient and entirely independent of them. During her analysis the patient said: 'It was as if I had come out of it with a penis'.

Disappointed in her lover, her intense anger against him was only partly conscious at the time, although she had been frigid and angry when he had merely wanted to have sexual relations with her without marriage. The remaining hostility was converted into hopelessness and depression, but unconsciously reactivated the anger against the father who had deserted her at the age of four. She had felt that her father also had rejected her as a woman because of her deformity; moreover, she had got her crippled foot as a punishment from the mother for something she had done before she was born. (During her analysis she had several dreams and fantasies to the effect that this 'something' signified intrauterine relations with her father.) The mother did not permit her to have sexual relations with men and had said that she might contract a venereal disease. The only thing that was left for her to do was to join the father in death. She had a feeling that all this might not have been necessary if her mother had loved her. Dreams of being engulfed by a tidal wave had occurred during the preceding years, and the water was unequivocally identified with her mother and death. Jumping into the water to die was equivalent to being killed by her mother for sexual transgressions, thereby expiating her guilt and fitting her for the ultimate gratification of a reunion with her father either in heaven, where she would emerge (be reborn) unblemished, or in the mother's womb which represented the only place where she could be safe from her mother if she were to have relations

with the father. Had this patient been a schizophrenic she might have carried out her plan. True to the structure of her compulsion neurosis, she unconsciously recognized the ulterior motive and was checked by her fear that worms and snakes (father's penis) and fishes (phallic babies) were going to devour her. Later she also thought of an octopus in the water which she associated with being eaten and destroyed in intercourse with the father.

In analysis this patient had many dreams and fantasies of biting off and incorporating the penis and of oral impregnation. She could never forgive the men who left her but she was satisfied to lose them if she had rejected them. There had always been resentment against her father for not saying good-bye to her before he died, and in analysis she often imagined that if she had a child by a man she would not mind if subsequently he left her.

It had been true that the patient 'came out of it with a penis'. Her neurotic compromise then was as follows: she had a penis (the lover's, father's) and gonorrhœa. We now begin to understand her emotional unwillingness to relinquish the gonorrhœa which to her represented an impregnation by the father which, on the one hand, punished her and on the other hand, protected her against sexual relations with men and against her incestuous wishes. By staying alive she could also mortify the mother and the sister, to whom her gonorrhœa was very offensive. She had a fear of giving her mother gonorrhœa.

How this suicidal attempt also gratified her homosexual wishes will be discussed in connection with her subsequent pregnancy.

IV

When the patient married two years later, she described her husband as 'an appendage', useful only to give her a boy child. She would hate a girl baby and be jealous of her. She was frigid unless she had unconsciously appropriated the man's penis, and spoke of herself as 'impotent'. With an impotent

man she did not need to feel inferior about her frigidity or her foot, which stood out more and more clearly as a defective penis. The husband was identified with the mother and she herself was the man. Her castrative attitude knew no bounds and she became preoccupied with getting rid of him, but feared to do so because he might return and mutilate her or else give her a venereal disease.

In this emotional alignment and after only a few months of analysis, she learned that her sister was to have a baby in six weeks. She responded by a series of pregnancy fantasies and dreams which were frequently quite bizarre and could be expressed only in oral, anal, and phallic terms. Consciously she intermittently believed herself to be pregnant while freely giving vent to her hostile attitude towards her husband. She said that she did not want a child by him because he had no brains and was dirty like her mother.

Unconsciously she wanted a baby from her father but this was only expressed symbolically. In her dreams she had to defend herself against attacks by gorillas and madmen. The primal scene was equated with castration of the woman. Whenever her positive wishes for the father became intense they were followed first by ideas of being killed or castrated by the mother, later by homosexual fantasies in which she either killed the mother (or sister) with a penis, or else feared an anal attack (impregnation). In this setting birth was anal.⁵ Her castration and impregnation fantasies in connection with men were, however, predominantly oral. The cycle was indicated in a condensed form in one dream and its associations: to have relations with a father figure she must kill the mother and then be killed herself in the sexual act. But intercourse with her also killed the father. From this situation she invariably emerged with a penis which she needed both as a weapon against men to protect herself from her incestuous wishes, and in order to have a baby 'alone'.

Although the patient had conversion symptoms and often

⁵ The mother had given her enemas and the sister had introduced her to anal masturbation.

acted out her trends in a symbolic compulsive manner, she could consciously face her wishes to murder far more readily than her desire to masturbate. Towards masturbation she was as moralistic as her mother. Before her gonorrhœal infection she had adhered to complicated purification rituals after intercourse. During her marriage she refused contraceptive measures but took three douches with cold water: one for father, one for mother, one for sister. At no time had she masturbated with her hands. Throughout this period the unconscious taboos on feminine genitality were rigidly maintained, since masturbation, intercourse, and pregnancy, were all dependent upon her forbidden wishes for the father.

V

Two years later, having divorced her husband, she was acting out the attachment to the father in an affair with a married man who fulfilled her requirements of passivity, instability, and intelligence. He was more virile than her husband but an intensely narcissistic individual who made no pretense of love or fidelity. Whether or not she was frigid with him depended upon the emotional setting of her day. The œdipal wishes at the deeper level were making their appearance in the transference. While the analyst was away for a holiday the patient became pregnant by this man, as a revenge against the analyst for leaving her. If father went away she would castrate him and keep his penis in the form of a baby. She was sure she would have a boy and had fantasies of incestuous relations with the child when he grew older.

The pregnancy was two months advanced when the analyst returned and the patient insisted she would go through with it knowing that the man would neither marry nor support her. She was going to have the baby alone. If the mother and sister were to hear she was pregnant they would force her to have an abortion and she insisted that she could only be sure of becoming an emotionally normal woman if she could have a normal child. No pressure was brought to bear upon her to interrupt the pregnancy. This mitigated her fear of the

analyst in the rôle of the maternal superego and had a catalytic effect upon the progress of the analysis. The patient was physically extremely well during her pregnancy, worked at her job without interruption for seven months, was able to eat meat even if no man were present, but could not drink milk. During this period the foetus was used as a means of expressing her neurosis but did not have the significance of a genital baby.

In relation to the lover, the baby stood for a restitution of the penis of which she had robbed him. She felt that it would raise his self-esteem to have a boy, since his wife had only given birth to a girl. It was like a present she wanted to give him. For a short time she clung to the fantasy that he might divorce his wife and marry her. Soon after the return of the analyst it became clear that she fantasied that she and the analyst were having the child. This made her more able to accept the reality situation in regard to the man. But she was frequently angry and jealous, and under these circumstances invariably feared that the child would be deformed like herself, or an idiot. On the other hand, she did not want to ask him for money even when she was in severe financial straits. This would have meant castrating him and making herself a prostitute and not the father's wife. However, she wanted the man to be available to protect her against the dangers which she feared from the mother and sister.

She had a similar feeling about her analysis; the mother would injure the baby in some fashion and she could only have a child while the analyst (father) protected her. On the other hand, being in analysis had the significance of being in the mother's uterus. Here she identified herself with the foetus and fantasied that she could only be safe from the mother inside the mother's womb. She did not want to finish her analysis until she delivered the child (was reborn herself); otherwise she would die in childbirth.

By means of the fear that her mother would kill the baby, the patient deflected the maternal wrath from herself onto the child so that she herself might be released from the curse which her foot symbolized. In this connection it became evident

that the mother had deformed her not only because she had had intrauterine relations with the father, but also because the kicking of the baby in the uterus masturbated the mother. The mother, in anger against the patient for leaving her at birth and thus ceasing relations with her, had deformed (castrated) her foot (penis). During the early part of her pregnancy her impatience to 'feel life' and her anxiety that the child might be dead because she did not do so, were conditioned on the one hand by the wish to be masturbated by the baby as she in fantasy had herself gratified her mother, and on the other hand by her identification with the child and the fear that it (she) would be deformed for this activity. Later she often wished to watch the foetal movements in her abdomen but felt that it was wrong to look because it might harm the baby.

At the even more deeply regressive level, the mother's uterus was a rectum and the patient's foot was an anal penis. All her ideas about dirt were intimately related to anal relations with the mother (defaecating into the mother in utero) and fantasies of anal masturbation with her, or anal impregnation by her. There is a sharp distinction between this and the fear of infection which represented the punishment for intercourse with the father. Before the patient became pregnant there had been a good deal of evidence that she identified colored babies with fantasies of impregnation by the dirty mother who had father's penis but not his brains.

A certain sequence of events had to take place before she could become a woman. This is perhaps most clearly shown by one of the patient's fantasies in which she and her mother were either naked and filthy or dressed in dirty rags. They were sitting by a fire in an open field, or perhaps it was near a jungle. They were both enjoying a feast, eating the father's dead body. Then they began to masturbate as though they were both men rolling on their 'spines' in the ashes. Then she and mother were locked in an embrace which was pleasurable but at the same time made her very angry. She felt that she must kill her mother and that this must be done in the

dark. It reminded her of the fantasy or memory of father and mother having intercourse. She defæcated on the fire to put it out and in the dark choked mother to death. Now it was as if mother had no penis any more and as if she had got mother's penis herself. Mother was now nice, white, and clean. She had intercourse with the mother. She now felt that she must get rid of her own penis and tore it off, had a bleeding wound, and also became white and clean from the loss of blood. She must now either bleed to death or be saved by Jesus Christ, the castrated father in heaven. She thought of the woman who had a flow of blood for twenty years and whom Jesus Christ cured. Asked to interpret this fantasy she said that it was this relation with mother for which she had had such a terrible sense of guilt and she could only now see that she not only became very angry with her mother at puberty for having turned her into a pervert, but that this masturbation with mother was something which she herself enjoyed and wanted, relating it to the period between four and twelve when she loved her mother. But it was this perverted relationship with mother which kept her from being a woman.

It is interesting to note that on the following day she feared that the baby would be choked by the cord, that the cord would constrict the penis, or that the child would have a foot like hers. This was followed by the fantasy that her mother and father should have agreed before her birth that mother would permit her to have sexual relations with father and not punish her, and that her mother would deflorate her in order to prepare her to have relations with father.

It now becomes possible to see how the patient in her suicidal attempt not only gratified her heterosexual but also her aggressive homosexual wishes. During the early part of her analysis it was occasionally shown that the patient thought of her whole body as a phallus.⁶ Consequently by jumping into the water she would also have been murdering the mother in intercourse in order to join the father after death. Again it

⁶ She had one fantasy in which she emerged vomiting from a gastrointestinal birth—an ejaculating penis.

becomes clear that in order to be reborn in heaven as an acceptable woman (with a normal foot) she had to kill the mother at the time of her own birth in order to keep the mother from deforming her.

The patient also disposed of her aggression masochistically. She felt that the baby was devouring her and poisoning her with its fæces and its urine (at one time she had thought that as a child the mother poisoned her with orange juice [urine] as a punishment for observing the primal scene). She feared that in childbirth the baby would tear her to pieces as she herself had wanted to disembowel the mother and as the mother disemboweled chickens. She was also afraid that she might bleed to death as she fantasied the man bleeding to death after castration.

The birth of the baby was constantly equated with her own rebirth. She would get 'rid of all the dirt in her insides'. By this she meant her guilt for biting off the father's penis and the mother's breasts, being orally and anally impregnated and retaining her fæcal baby so that nobody could take it from her. Birth in this sense was a purification like the cathartics her mother used to give her. This would also rid her of her gastro-intestinal conversion symptoms. She could only be reborn as a normal woman if she could give birth to a normal child. If the baby were to have a deformity of the head, foot, or genitals she could not be free of her neurosis. She spoke of coming out of her brown chrysalis like a beautiful butterfly after delivery.

She would get rid of the penis and the sense of guilt for murdering the father by producing a normal boy. If she did not after delivery find a 'real man' (living father) as opposed to the castrated man she had previously imagined her dead father to be, she would retain the father in the form of the boy and could fall back on the wish always to keep him.

The patient sometimes fantasied that she was going to have twins: either two boys, one of whom had something the matter with his brains, while the other was well; or a boy and a girl,

herself and the father. If she had only a girl she would be keeping the penis.

Finally, if the child were a boy she would prove herself to be a better wife than her mother who could have only girls, and better than the first wife whom father had loved but who had had no children. While the sister had had a boy in both her first and second marriages, these were not really the father's children because the patient considered that her lover resembled their father, whereas the sister's two husbands did not.

VI

Pregnancy to this patient was then an undoing of the sins for which she had at one time contemplated suicide. She substituted the baby from father for the penis with which she had emerged from her suicidal attempt, and which she had obtained by a fantasied castration of her father following his desertion of her. Only during pregnancy could she face the anxieties directly attendant upon her œdipal wishes, whereas these had made their appearance in the suicidal episode only in the fear of snakes, worms and being eaten. In both instances the father was not thought of as dead and the ultimate gratification was a sexual reunion with him.

The aggressive, emulative attitude towards the mother was in both cases transferred to the sister; whereas in suicide the patient gave up the struggle, in pregnancy she engaged in active competition with her sister which acted as an incentive to recovery to prove that she could supersede her with the father. It is interesting that during the sister's pregnancy the patient had fantasied that the sister's child too would have a malformation of the brain.

The intrauterine regression was present in both settings but here we see a murder by the mother contrasted with the pregnancy while protected in analysis. The anxieties arising from the reversed œdipus were shown through the identification of the patient with her baby.

When the patient was contemplating suicide she thought that her mother would have her body cremated. The father had been purified by fire in this fashion and she hoped she might join him in heaven similarly cleansed. (She often likened her birth to that of a hero who had been conceived by lightning striking the water.) After parturition she wished to be reborn as a 'normal woman', having ejected all her guilt by the passage *per anum* of the child, but this she would do only upon the condition that she might retain the end-gain of her neurosis, namely, that she be united with the father in a genital relationship. Failing this she would use the child as a means of gratifying her wishes, directly with a boy, or by identification with a girl.

During the late stages of pregnancy the patient attained a predominantly genital attitude, and the analysis was terminated a short time before the delivery of a normal girl baby. When she was again faced with a very difficult reality situation she showed a tendency to sacrifice herself excessively for the baby, which received excellent although somewhat exaggerated care, and to depend upon the vicarious enjoyment of the child's gratifications for her own satisfaction.

The working through of the trends which constitute this patient's neurosis might be compared to the unfinished last movement of a symphony in which the earlier themes are restated. At the present time new themes have been introduced but their elaboration is a matter of the future.

DREAM OBSERVATIONS IN A TWO-YEAR-FOUR-MONTHS-OLD BABY

BY MARTIN GROTJAHN (CHICAGO)

Dreams are not the exclusive privilege of man; neither are they the privilege of adults, for observations of babies have shown that dreams occur during the first year of life. Babies suck, smile or cry during sleep; later they exhibit during sleep signs of more or less violent experiences, especially anxiety and horror.

What happens during a child's sleep may be learned only at a later age when the child is old enough to tell about it. However after the age of five years, children are not able to report reliably their dream experiences. Children are never much interested in telling the truth, for telling some fantasied adventure is much more fun than to try to give objective information. In a child intelligent enough and willing to remember its dreams, the difference between the report of a real dream and a fantasy is only slight. The healthy child with all its longing for pleasure is attached to the very thrilling present and is directed by the pleasure principle towards the future and therefore seldom spontaneously reports about the past. When it awakens the night is gone, is nothing; the need for a new day and new ventures inhibits every tendency to look back. Interest in the past is a very unchildlike attitude, and is much more characteristic of the adult. The possibility of obtaining reliable dream material by questioning a child is open to doubt because the suggestibility of young children is enhanced by the leading nature of every question, no matter how carefully it may be phrased, and the material obtained in such a manner is scarcely trustworthy.

So it happens that nearly all reports of infant dreams come

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from children five years of age or older. Furthermore such dream reports are obtained in a rather questionable way. They can not be differentiated from fantasies and have come in the main from neurotic or badly adjusted children. In psychoanalytic literature only Freud (2) has reported dreams occurring at a very early age, and these shall be mentioned later in detail.

Favorable circumstances made it possible to observe the dreams of a boy two years and four months of age. His speech showed the significant features of beginning speech development which, however, were complicated by a bilingual home environment. He used mainly substantives in both English and German, and employed them in typical one word sentences. His preference seemed to be for English. Verbs, mostly English, were seldom employed. A long story was reported by the use of several substantives uttered as exclamations. For instance, when he said, 'Sheppy! Poor! Supper! Porch! Spoilt!' he meant 'Sheppy, the poor dog, lost his food on the porch and spoiled it'. The words were emphasized by vivid facial expressions, gestures of the hands and the entire body. These gestures became especially graphic in instances when words were not available to express his ideas.

At the age of two years and four months the boy had a period in which he apparently developed a need to tell someone, usually his mother, what he had seen, and he began to talk about what might be considered dreams. On going to sleep he always said farewell to his dog, his picture books, and his own image in the mirror and recalled briefly the most thrilling events of the day, stating rather reluctantly that this good time had now passed. Calling the names of some of his friends he added with deep regret, 'Mary gone! Sissy gone!' When he had finished this procedure he was ready for sleep.

Approximately three hours after going to sleep the child was regularly taken up by his mother for urination. Often he did not awaken but nevertheless performed his duty so that he must have had some recognition of the situation and of

what was expected of him. Sometimes he did awaken but his body seemed to continue in slumber and he was completely hypotonic and without voluntary movements. The awakening was apparent in a very slight and momentary opening of the eyes followed by some clearly pronounced words with which he apparently tried to tell his mother his very recent dream experience.

After a morning during which he had visited the home of another baby whom he did not see, but in whose back yard he found a lonely rabbit which he tried to feed with stones, he repeated this experience at night in his dream, saying, 'Rabbit, stones, rabbit, stones, baby where? Baby bed!' It is apparent that the most significant experience of the day was repeated in the dream, and the unsolved problem 'Where is the baby?' found its answer in the dream.

Similar repetition of a thrilling situation in dreams occurred several times. After he had seen two puppies having a bitter fight over his mother's gloves, and after he had gone with them for a ride, he said in his half-sleep of the same night, 'Wow-wow, ran, gloves, ride, car!' But it was not only excitement and thrills that he repeated in his dreams. After he had learned to be careful not to cross the street, and always to watch out for cars he mumbled during sleep 'Watch out! Careful! Cars!'

On some occasions the dreams seemed to arouse anxiety as when he said, 'Doggie, baby, bites', or on another occasion, 'Wow-wow bites!' Once he cried fearfully 'Monkey!' and awoke spontaneously. He was fearful, tried to leave his bed, but fell asleep again without difficulty. The morning before having this dream he had seen a monkey in the zoo grabbing his mother's gloves.

On another occasion more details were obtained about an apparently terrifying nightmare, also involving monkeys. Again he awoke spontaneously and said words meaning 'Monkeys eat up the hair of my head'. This statement was closely connected with an experience he had had the previous morning. He had seen a group of monkeys and had watched them

with tremendous excitement, mixed feelings of joy, curiosity and fear. Completely absorbed he had watched them, slowly retreating from them without losing sight of them, and slowly drawing nearer to the opposite side of the monkey house where other monkeys were sitting in their cages. Finally he stood with the back of his head very near to a monkey, which of course, did not resist the temptation to pull the boy's curls. Panic stricken both of them yelled and ran in opposite directions. Soon the boy laughed about the whole incident but he refused to talk about it during the rest of the day, even when questioned. At night he apparently relived the emotion of shock, working it through by himself and in his own way, indicating an important function of his dream.

The beginning of the œdipus complex condensed into a short story may be seen in another example of the boy's dreams. One afternoon he refused to take his regular walk to his father's office to accompany the father home. He gave as the explanation of his refusal, 'Papa? Does not need! Papa alone!' In these words he stated that he did not wish to see his father who might remain where he was alone. The following night he asked in his sleep 'Papa movie? Baby with mother alone!' He meant by this that he hoped his papa would not come home, but would go to a movie so that he might be alone with his mother. The next morning the boy attempted to crawl into bed with his still sleeping mother. He was not taken into bed but to his great consternation was dressed. At noon of the same day he took a beloved doll into his own bed for a moment, then he threw it out of his bed, disappointing it in the same manner his mother had disappointed him in the morning. The following night he wet his bed for the first time in several months. Apparently he was behaving as if to say: 'If mother does not love me, why do I need to please her? I prefer to love myself, and so I do what I like.' He seemed however to feel somewhat guilty and volunteered an explanation for his bedwetting. He said that not he, but a dog wet his bed. Hearing his mother say that he was probably guilty of the deed, he tried to prove his innocence by showing her

the dog which of course was not to be found in his bed. So he varied his story by saying that the dream dog might have been invisible because it was hidden in the pillows, or 'in the shadow'. Later he volunteered the information that the dog had bitten him in the buttock.

Food was a favorite theme in his dreams. Usually his dream words were a statement, the meaning of which never became quite clear. He said, 'Food noch' which meant in his language either 'I have had enough food', or 'I wish to have more food'. The statement 'Have flowers' meant 'I want salad', because in his language he called salad flowers. It was an outstanding feature of these little statements that they were spoken in a matter-of-fact tone, very much in contrast to his behavior when awake and expressing a wish. Then he demanded his food in a very distinct way, accompanying his request with motor behavior which no one could misunderstand.

After a period of two months he stopped talking in his sleep because urination was becoming such a completely automatic process that he did not even partially awaken.

It may be doubted that this baby's words were really expressions of dreams. They might also be called memories which had flashed through his mind when he was more or less awake. Such an interpretation is possible, but such memories are accompanied in a child of that age by very vivid visual imaginings. The difference between fantasies and dreams in a child is so slight that it is unnecessary to stress the differences. What happened may equally well be called play-acting, fantasies, or dreams.

The very vivid and plastic visual imagination of this child was apparent in his play. On one occasion a bird flew in the open window of the baby's room, and could not find its way out again, very much to the mother's distress and worry. The next day the child repeatedly pointed with his finger to the ceiling, saying 'See, see, look, look, peep, peep, there, see?' This was play, but it had in common with dreams the hallucinatory component. Such hallucinatory experiences are

every day instances in every child's life, and were observed many times in this child. He had learned from the child of a neighbor how to kill grasshoppers and found it fun, but when he found none on the rug in his room, he continued to kill them in imagination. His pleasure was nearly the same.

Hallucinations like these which are vivid and visualized recapitulations of memory are at the present time of special interest, because Freud states in his recent paper (3) about constructions in psychoanalysis, that hallucinations and delusions of schizophrenic patients are reactivated memories, types of dream memory. It seems that these observations of early childhood give some unexpected support to Freud's theory.

The conclusion seems justified that in children, play, fantasies and dreams are very closely related to each other, and that what in an adult would be called hallucinations may be called vivid visual imaginations, very characteristic of infant thinking, and if such fantasied, hallucinatory form of memory is observed in a sleeping child it may be called a dream.

Freud mentions children's dreams in *The Interpretation of Dreams*, and significantly in the chapter, *The Dream As Wish Fulfilment*, states that these dreams are 'by no means interesting'. They are often 'simple fulfilment of wishes', an invaluable proof of the wish fulfilment theory of dreams. He mentions mostly dreams of children at the age of five years and more, although he reports two from children less than two years of age. Freud's daughter dreamed about strawberries which she could not have the day before her dream. Freud's little nephew dreamed that he had eaten some cherries which he had in reality given to Freud as a birthday present.

The dream observations reported in this paper contain the element of wish fulfilment, but they are not completely without problems, at least not from the standpoint of the dreamer. To think about meat, salad, and other food may be pleasant for the baby and according to our knowledge may be easily connected with an hallucinatory wish fulfilment; but to dream of rabbits, dogs, monkeys, cars, the other baby, and the father at the movie would indicate that the child was strug-

gling with strong and strange emotions which he could not work through during the excitement and rapidity of reality and which consequently he had to repeat and work through more completely in his dreams.

Wish fulfilment working through the overwhelming emotions of the day, the similarity to play and fantasies, and the possible similarity of the mechanisms in a child's dream hallucinations to those of schizophrenic hallucination are not the only interesting features of dreams at a very early age. Sleep to which the child in very early babyhood devotes most of its time, seems to be much more important and preferable to waking life during the first year. The omnipotence of thought, the ability to hallucinate, and the absolute wish fulfilment attained during sleep is continued in a high degree during the waking state at a later time. During very early childhood the waking state seems to be a continuation of getting the same pleasure as in sleep by similar means. Even in the waking state the child in its mental life is still much closer to something that may be similar to the adult dream life than to anything else. There is no superego, not even an ego-ideal. There is only an ideal ego, a harmony of instincts, an uninhibited need for satisfaction, and a united, unlimited striving to get it.

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PRELIMINARY PHASES OF THE MASCULINE BEATING FANTASY

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Freud in his work, *A Child is Being Beaten*, subdivided the beating fantasy of girls into three phases; that of boys, into two:

	Girls.	Boys.
First phase:	My father beats a child whom I hate.	<i>(Preliminary sadistic phase is lacking.)</i>
Second phase:	I am beaten by my father. (Repressed.)	I am beaten by my father. (Repressed.)
Third phase:	A teacher (father substitute) is beating boys.	I am beaten by my mother.

Freud says¹:

'The little girl's beating-phantasy goes through three phases, of which the first and third are consciously remembered, the middle one remaining unconscious. The two conscious phases appear to be sadistic, whereas the middle and unconscious one is undoubtedly of a masochistic nature; its content consists in being beaten by the father, and it carries with it the libidinal cathexis and the sense of guilt.² In the first and third phantasies the child who is being beaten is always some one else; in the middle phase it is only the child itself; in the third phase it is almost invariably only boys who are being beaten. The person beating is from the first the father, but is later on a substitute taken from the class of fathers.

¹ Freud: '*A Child is Being Beaten*', 1919. Coll. Papers, Vol. II, pp. 191-197.

² As Freud likewise points out in this paper, the sense of guilt causes the reversal of the statement, 'Father loves only me, for he beats the other child', into, 'No, he does not love you, because he beats you'. The genital significance of 'Father loves you' is altered through regression to the anal-sadistic level to 'Father strikes you'. 'This being beaten is a concatenation of guilt feeling and eroticism. It is not only the punishment for the forbidden genital relationship, but also the regressive substitute for it. From the latter source it draws the libidinal excitement which from now on expresses itself in masturbatory acts.'

The unconscious phantasy of the middle phase had primarily a genital significance and developed by means of repression and regression out of an incestuous wish to be loved by the father. . . .

I have not been able to get so far in my knowledge of beating phantasies among boys, perhaps because my material was unfavorable. I naturally expected to find a complete analogy between the state of things in the case of boys and in that of girls, the mother taking the father's place in the phantasy. This expectation seemed to be fulfilled; for the content of the boy's phantasy which was taken to be the corresponding one was actually his being beaten by his mother (or later on a substitute for her). But this phantasy, in which the boy's own self was retained as the object, differed from the second phase in girls in that it was able to become conscious. If on this account, however, an attempt was made to draw a parallel between it and the third phase of the girl's phantasy, a new difference was found, for the boy's own person was not replaced by many, unknown, and undetermined children, least of all by many girls. Therefore the expectation of a complete parallelism was mistaken. . . .

'As regards these masochistic men, however, [that is, those who were observed by Freud] a discovery is made at this point which warns us not to pursue the analogy between their case and that of women any further at present, but to judge the matter independently. For the fact emerges that in their masochistic phantasies, as well as in the contrivances they adopt for their realization, they invariably transfer themselves into the part of a woman; that is to say, their masochistic attitude coincides with a *feminine* one. This can easily be demonstrated from details of the phantasies; but many patients are even aware of it themselves, and give expression to it as a subjective conviction. It makes no difference if in a fanciful embellishment of the masochistic scene they keep up the fiction that a mischievous boy, or page, or apprentice is going to be punished. On the other hand the *persons who administer chastisement*³ are always *women*, both in the phantasies and in the contrivances. This is confusing enough; . . . Analysis of the earliest years of childhood [the male sex] once more allows us to make a surprising discovery in this field. The phantasy which has as its content being beaten by the mother, and which is conscious or can become so, is not a primary one. It possesses a preceding stage

³ These italics and those which follow in this quotation are Dr. Bergler's.

which is invariably unconscious and has as its content: "I am being beaten by my father". This preliminary stage, then, really corresponds to the second phase of the phantasy in the girl. The familiar and conscious phantasy: "I am being beaten by my mother", takes the place of the third phase in the girl, in which, as has been mentioned already, unknown boys are the objects that are being beaten. *I was not able to demonstrate among boys a preliminary stage of a sadistic nature that could be set beside the first phase of the phantasy in girls, but I will not now express any final disbelief in its existence, for I can readily see the possibility of meeting with more complicated types.*

'In the male phantasy—as I shall call it briefly, and, I hope, without risk of being misunderstood—the being beaten also stands for being loved (in a genital sense), though this has been debased to a lower level owing to regression. So the original form of the unconscious male phantasy was not the provisional one that we have hitherto given: "I am being beaten by my father", but rather: "I am loved by my father". The phantasy has been transformed by the processes with which we are familiar into the conscious phantasy: "I am being beaten by my mother". The boy's beating-phantasy is therefore *passive from the very beginning*, and is derived from a feminine attitude towards his father. It corresponds with the Oedipus-complex just as the feminine one (that of the girl) does; only the parallel relation which we expected to find between the two must be given up in favour of a common character of another kind. In both cases the beating-phantasy has its origin in an incestuous attachment to the father.

'It will help make matters clearer if at this point I enumerate the other similarities and differences between the beating-phantasies in the two sexes. In the case of the girl the unconscious masochistic phantasy starts from *the normal Oedipus attitude*; in that of the boy it starts from *the inverted attitude, in which the father is taken as the object of love*. In the case of the girl there is a first step towards the phantasy (the first phase), in which the beating bears no special significance and is performed upon a person who is viewed with jealous hatred. Both of these features are absent in the case of the boy, *but this is precisely a difference which might be removed by more fortunate observation*. In her transition to the conscious phantasy which takes the place of the unconscious one the girl retains the figure of her father, and in that

way keeps unchanged the sex of the person beating; but she changes the figure and sex of the person being beaten, so that eventually a man is beating male children. The boy, on the contrary, changes the figure and sex of the person beating, by putting his mother in the place of his father; but he retains his own figure, with the result that the person beating and the person beaten are of opposite sexes. In the case of the girl the situation, which was originally masochistic (passive), is transformed into a sadistic one by means of repression, and its sexual quality is effaced. In the case of the boy the situation remains masochistic, and shows a greater resemblance to the original phantasy with its genital significance, since there is a difference of sex between the person beating and the person being beaten. *The boy evades his homosexuality by repressing and remodelling his unconscious phantasy; and the remarkable thing about his later conscious phantasy is that it has for its content a feminine attitude without a homosexual object-choice.* By the same process, on the other hand, the girl escapes from the demands of the erotic side of her life altogether. She turns herself in phantasy into a man, without herself becoming active in a masculine way, and is no longer anything but a spectator of the event which takes the place of a sexual act. . . .

'I am aware that the differences that I have here described between the two sexes in regard to the nature of the beating-phantasy have not been cleared up sufficiently. . . .'

Thus Freud leaves open the question whether a preliminary sadistic phase of the masculine beating fantasy exists, indicates the possibility that a 'lucky observation' might fill this gap, and in conclusion declares that the entire problem of the beating fantasy is insufficiently clarified.

The second question, closely related to the preliminary sadistic phase, boils down to the doubt that the masculine beating fantasy has its origin in the inverted œdipus complex—that is, that the mother, in the pre-œdipal phase has no part in it.

It seems to me entirely appropriate, and in line with the question propounded by Freud himself, to attempt a search for the whereabouts of such a 'preliminary sadistic phase'. We will proceed on the theory that the masculine beating

fantasy has a preliminary sadistic phase related to the breasts of the phallic pre-œdipal mother. Because of a sense of guilt, this aggression against the mother is turned secondarily back upon the boy himself, equating his buttocks with the breasts of the mother. When the boy becomes alienated from the mother, the father is given power of execution. In the third stage, as Freud describes it, the father is again replaced by the mother, as a defense against unconscious homosexuality. Accordingly the masculine beating fantasy would have the following stages:

- 1 Sadistic aggression against the breasts of the mother in the pre-œdipal period.
- 2 Turning, because of guilt, of the aggression against the boy's own buttocks, which are identified with the breasts of the mother; 'transcription' of executive power from mother to father.
- 3 Renewed 'transcription' from father to mother, as a defense against unconscious homosexuality.

The second and third phases agree in principle with the beating fantasies in boys that Freud has described. The sadistic preliminary phase, and the identification of breasts with buttocks as transition to an aggression directed against himself, are new.

In the following excerpts, I present the casuistic material in the order in which its relation to the sadistic preliminary phase occurred to me. The process took many years, and therefore, as may readily be understood, the road is by no means a straight one.

The first evidence was obtained from a twenty-eight year old university graduate, markedly schizoid, who entered an analysis some years ago because of impotence, and masturbation with masochistic beating fantasies. He promptly informed me that he was a 'sadist', since he used to whip himself. When I objected that the patient was making use of a terminology different from that customarily used in psychology, and that we would designate self-flagellation by means of a strap as

masochistic, he argued that during the castigation he thought of himself, from the navel down, as a woman. Nevertheless, the patient was completely in contact with reality, carried on his work successfully, and wanted only to get rid of his impotence. Until shortly before the beginning of the analysis, he had never had sexual intercourse. The first attempt at intercourse with a prostitute was unsuccessful. The patient laid the blame to masturbation and immediately gave it up. Masturbation was generally accompanied by the fantasy that a feminine page in masculine attire had 'done something', and was being whipped for it on the buttocks by the patient. The patient struck upon himself the blows intended for the page; that is, he identified himself with the page. Other fantasies were of sadistic tortures of women: their legs were spread apart so far as to cause pain; their breasts were stabbed and pulled; thick objects were forced into the anus, etc. The patient also carried out upon himself the torments he invented for women. He pushed the neck of a bottle into his anus with particular pleasure, masturbating by means of movements of his thighs, meanwhile pressing his penis which was usually not erect, backwards towards the anus. In the toilet he lashed himself on the buttocks with a strap.

After the failure with a prostitute the patient strictly avoided masturbation. With the cessation of masturbation, a symptom suddenly made its appearance. This consisted of 'pains when urinating' which lasted four hours after voiding and then stopped. 'Unfortunately' he had to urinate again after four hours, so that he had constant drawing, piercing 'nerve' pains. Urological examination was negative. The patient disputed the psychogenesis of these pains and severely criticized the backwardness of urological medicine. After several weeks of analysis, during which the patient had become free of a part of his feelings of guilt, which had taken the form of fears of damage to himself resulting from masturbation, he came to the conclusion that it was relatively harmless. He resumed the practise and the symptom disappeared. The patient declared that this result had nothing to do with analysis, but

was due to an inspiration of his own. This inspiration consisted of the following technique in urination: he would sit on the toilet, push his penis in the direction of the anus, and thus achieve a 'release of nervous tension' which far outweighed the disadvantage of soiling himself with urine (he urinated towards his anus).

Despite the patient's denial that the disappearance of the symptom (which did not recur) had anything to do with the analysis, he remained under treatment for some time. This led to the uncovering and working through of his passive feminine homosexual strivings, which were essentially on the anal level and connected with the buttocks. A partial liberation resulted and a relative potency was attained. The unresolved portion of his masochism was projected upon his marriage, through which the patient became entangled in almost insoluble conflicts whose analytic solution he has continued to avoid for years.

Since then years have elapsed. In retrospect, I must admit that at the beginning of this analysis I was at a stage through which every analyst must go, that is best characterized by Strümpell: 'A doctor sees in general only what he has been taught to see'. Thus I was satisfied in this case with the analytic interpretation of the patient's passive, anal tendencies as an identification with the castrated mother, and whose object I took to be the patient's father. This assumption was made easy for me by the too schematic application of that sentence in the article, *A Child is Being Beaten*, which states that the masculine beating fantasy 'is passive from the beginning, really emerging from the feminine attitude toward the father'. However, several contradictions in this thesis struck me: for example, the fact that during the childhood of this patient, the weakly father had practically no significance in a home regulated by a masculine aggressive mother with paranoid traits (the father was in his early fifties when the patient was born); further, that the patient in the 'self-cure' of his micturition symptom, wished to pass a *fluid* into his own anus; that it was specifically a bottle, that is, a *container for fluid*,

that he made use of when masturbating; that up to the death of his mother (in his twenty-second year) the patient slept in the same bed with her, head to foot⁴—that is, was tied unequivocally to the infantile situation. I had not recognized at that time that he was unconsciously both the *phallic mother and suckling infant*, as I did not then suspect the overwhelming importance of oral material. Bit by bit, as in the course of years I had to take cognizance of the outstanding significance in every case of the oral *pre-ædipal* components, I came to doubt the completeness of my interpretations for this patient. I reported these observations in several essays,⁵ supplementing the more recent analytic works of many colleagues.

The experience that one learns only from one's own shortcomings is here confirmed. My next case with beating fantasies was a twenty-seven year old erythrophobiatic, who came to be analyzed because of impotence. The patient had never had intercourse and had not masturbated since puberty. His narcissism suffered deeply because of his inability to establish relationships with people. His mood was mostly depressed. He had developed a complicated system of day dreams around his beating fantasies. I shall present them in the patient's own words:

'My first recollection of beating fantasies is connected with a story told by a revenue officer, a friend of my aunt, relating how, when he was a child, he once stayed away from home for the entire day on his birthday. For this he was fearfully beaten by his father with a dog whip. I then had a vision of the boy bent over a chair, saw his backside, and fancied the tortures he suffered. The following fantasy is typical of later periods: A boy (sometimes myself) gets up late, and is dreadfully spanked for it by his father. The

⁴ This contributed, along with castration fears and wishes, to the patient's condensing two bodies into one, as in the fantasy of being a woman from the navel down.

⁵ Bergler, Edmund: *Zur Problematik der Pseudodebilität*, Int. Ztschr. f. Ps., XVIII, 1932. With L. Eidelberg: *Der Mammakomplex des Mannes*, Ibid., XIX, 1933. *Obscene Words*. This QUARTERLY, V, 1936. *Some Special Varieties of Ejaculatory Disturbances Not Hitherto Described*. Int. J. Ps., XVI, 1935. *Further Observations on the Clinical Picture of 'Psychogenic Oral Aspermia'*, Ibid., 1937. See also the author's book *Die Psychische Impotenz des Mannes*. Berne: Verlag Hans Huber, 1937.

chastised boy does not feel in the least humiliated; on the contrary, he regards himself as a hero and somehow bound up with his father. The mother is somehow considered a disturbing element, perhaps because she strikes the boy on the head instead of on the buttocks. Actual self-castigation occurred at about the age of ten. I used to imagine a saddle horse which would only run if it was beaten. This always happened in the same place: on the way from our house to the avenue where my parents had their business. I do not remember any essential change from the fantasies I have described for a long time after that. Perhaps later (at puberty) in connection with the conscious fear of homosexuality, the picture changes. It is now a girl who is chastised, originally by a phantom, later by a kindly father, who whips seldom but thoroughly. I had the greatest difficulty in finding a motive for the punishment, because here I dealt with the contradiction between my real objections to corporal punishment and my unconscious wishes. Most frequently for the purpose, an elder sister did something or other to bring suspicion upon her younger brother, and was punished for it.⁶ Later, erotic motivations were added: a girl is supposed to come home early by way of punishment, doesn't do so, and is whipped. Still later, girls and boys were discovered masturbating together.

'Reality coincided with my fantasies insofar as I often saw women spanking their male children. This excited me sexually.

'The motives for whipping a child often presented a problem for me. I frequently selected as a cause for punishment the fantasy that boys and girls peeped under each other's clothing, or masturbated mutually and were caught at it. The mother of the girl would catch them both, lead the boy to his parents for punishment, and take the girl home, where she was sometimes boxed on the ears or cuffed as a preliminary, the real execution of punishment to be carried out in the evening by the father. The latter notion is especially important. When the girl has done something very bad, she must wait for her father to whip her. This went so far that I repeatedly pretended that the girl brought the carpet beater to her mother, begging her to beat her, but not to tell her father of whom she was terribly afraid. It sometimes developed that when the

⁶ Here also there is a reversal of sexes. The patient has only a younger sister. The elder sister in the fantasy is the patient himself, the younger brother representing the sister.

father saw her great fear, he abstained from whipping or contented himself with pretended blows.'

According to his account, the patient went through two phases in his beating fantasies. *First phase*: the father whips the patient. *Second phase*: a phantom, later the father or the mother, whips a girl (the patient). The change of sex is based by the patient upon conscious fear of homosexuality. For reasons which will be discussed later, a complete elimination of the father, as postulated by Freud, did not take place. We have, therefore, in this special case a modification of Freud's third phase, 'my mother whips me' into, 'a girl is whipped by my mother or my father'.

For a long time this patient's unconscious homosexuality and feminine identifications dominated the transference. As a result of working through affective experiences in the analysis, the patient attained erective potency. When however he came to have sexual relations with girls, he 'beat them to a pulp', as he put it. The aggression, which (because of castration fears arising from the oedipus complex) had been repressed or directed solely against his own person, became in the course of analysis, directed against his sexual partner. He struck her on the face, arms, and buttocks. A further peculiarity lay in the fact that although the patient had erective potency, he did not ejaculate. A supposed organic aspermia was disproved by the fact that frequently after coitus without ejaculation, he would have nocturnal pollutions while he was asleep beside his mistress.

Light was thrown on this disorder, which I have described elsewhere⁷, by the fact that during coitus, as a quasi-substitute for the missing ejaculation, an abnormally plentiful secretion of saliva took place. The analysis disclosed that this was an *oral* replacement for ejaculation, and that the failure of ejaculation was to be evaluated as *revenge upon the woman (mother)*. The hypersalivation was also a 'magic gesture',

⁷ Bergler, Edmund: *Some Special Varieties of Ejaculatory Disturbances Not Hitherto Described*. Int. J. Ps., XVI, 1935, Part I, p. 88.

which betrayed the patient's deepest wish: to be an infant at his mother's breast. The striking of the woman during coitus was presently replaced by biting and sucking at her shoulder. But at the same time the hypersalivation signified the patient's 'autarchism', proving the superfluity of the mother's breast, since he himself produced the saliva and swallowed it. It became apparent that the patient had foundered on the 'breast complex'. In a paper written in collaboration with L. Eidelberg,⁸ the authors have demonstrated with casuistic material that the male child finds a substitute for the lost breast in his own penis, and then attempts to overcome psychically the trauma of weaning by means of the unconscious repetition compulsion, which as in play, reproduces in activity that which has been passively experienced. Instead of being the passive recipient of milk, the child through psychic appropriation of the penis becomes the active dispenser of urine (milk). With those who founder on the 'breast complex', this transition from passivity to activity, which is necessary in overcoming the trauma of weaning, has failed. These patients exhibit *hate for the mother*, oral character traits or reactions against them, secondary narcissism, exaggerated tendency to identification. The normal œdipus complex is weakly developed because remnants of the breast complex hinder its full flowering. Significantly the breast is fully eliminated from consciousness.

As I have described in an article⁹, a possible outcome of foundering on the breast complex is a psychic aspermia. The unwritten law for this psychological type is to receive orally in complete passivity. Active giving is disturbed. The penis retains the significance of the breast (maternal phallus), the vagina that of the mouth of the patient. In copulation, however, the normal man must himself have become the phallic mother and overcome the trauma of weaning, achieving the reversal from passivity to activity. The opposite is found in

⁸ Bergler, Edmund and Eidelberg, Ludwig: *Der Mammakomplex des Mannes*. Int. Ztschr. f. Ps. XIX, 1933.

⁹ Bergler, Edmund: *Further Observations on the Clinical Picture of 'Psychogenic Oral Aspermia'*, loc. cit.

the orally fixated or regressed individual. In ejaculation he is expected to produce exactly what has been refused him by the phallic 'castrating' mother—a fluid from the breast (penis) into the mouth (vagina). There is a refusal to ejaculate from unconscious motives of revenge.

A number of very convincing data later confirmed this analytic reconstruction. The patient suddenly recalled his mother's story, that when she had weaned him at four months, he had created the greatest difficulties. He had rebelled against the transition from breast to bottle with a veritable hunger strike. Thus the most profound causes of the ejaculatory disorder could be traced back to the suckling stage. It is interesting that a reality situation caused the oral disappointment: the baby had been weaned so early only because the distance between home and shop was too far for the mother to travel several times daily. Still, this experience does not eliminate the assumption of a constitutional factor: excessive orality.

In this patient, the aggression against his mother, or her breasts, was completely repressed. The disturbance of ejaculation, to be sure, was a rather obscure indication. Likewise a group of peculiar day dreams that the patient called 'organization fantasies' sprang from every psychic layer, but had *oral* significance as well:

'I occupy myself intensively with the arrangements and organization of a big liner, with the various departments and their directors; for example, the captain, who merely supervises and who shares in the profits. Besides him there is a second captain, and the first officer, who has several officers under him, has charge of navigation, and the cleaning and polishing of the engine rooms, etc. The first engineer, assisted by two mechanical and an electrical engineer, superintends the machinery. Care of the passengers is the responsibility of the chief steward; then there is a special chief steward for each class. General maintenance is the responsibility of a quartermaster, assisted by chefs, etc. Handling of cash and bookkeeping are the duties of the purser. There are further categories, such as house detectives, as well as occupations not belong-

ing to the crew: proprietors and employes of the various shops, bell boys, detectives and so on. I especially like to busy myself with the electrical arrangements. The bigger steamers actually have power plants like cities. There is an incredible variety of installations. There are dynamos, electric stoking machines, derricks and cranes, pumps, elevators, illumination, searchlights, telephone, telegraph, radio. The plant has to be supervised by an electrical engineer, as an electrician would hardly be sufficiently versatile. I am especially preoccupied with the electrical staff. There are at least three workmen (one for each shift); for the switchboard, two; three radio operators and repairmen. I have given all these much thought. For telephone repair one to three people; the same for high voltage current. Perhaps one electrician might suffice at night, whereas by day an electrician for high and low voltage current in each of two shifts. My fantasies are concerned with many details: for instance, that passengers can speak to officials only via the proper censorship of a telephone operator, whereas ordinary telephone connections are automatic. Also, the depot for replacement of parts in the home port would be a regular warehouse for electrical apparatus.

'I am further concerned with the plumbing of the ship: drinking water, hot and cold fresh water for cleaning and other purposes, fresh and salt water for cooling the machines. I try to work out the most practical distribution.

'Other fantasies deal with the details of food supply for all those on board the ship. Quite as frequent are fantasies relating to *time*—perhaps the schedule of a steward; *how quickly* or at *what intervals* the passengers get *their meals*.'

The last mentioned maritime organization fantasies had essentially the significance of *food organization*, or an exact schedule for feeding, which obviously again went back to the nursing intervals. It becomes clear that here is an aggressive attitude showing the patient as an excellent organizer of provisions and his mother as a very poor one. It has in addition the significance of a 'magic gesture'.

The hatred of his mother, which dated from the pre-œdipal period,¹⁰ alienated him from her and brought about an affec-

¹⁰ A transference dream of the patient ran as follows: The analyst calls the patient into a room and shows him the picture of a woman in full evening

tive hypercathexis of his father. The phallic level had barely been attained, when the patient regressed to a feminine identification after a psychological relinquishment of his penis as a result of castration fears. Thus he repeated in a new form the old situation of oral receptivity, the maternal penis (breast) replaced by the paternal phallus, the mouth by his own anus, the displacement manifested in an unconscious passive, feminine, homosexual attitude.

Instructive as this case was, there was again only conjecture and no proof of the origin of the beating fantasies. It could be assumed that the original aggression against the mother's breast was projected, because of guilt feelings, upon his own buttocks. It was of particular interest to note that as the analysis partially relieved the patient's castration fears, strong aggression developed against his sexual partner, that is, against *woman*; obviously a return of the repressed. Still we have no clarification as to the level from which this aggression originated. Theoretically it might quite as well be ascribed to the positive oedipal phase, in which the patient was identified with his sadistically conceived father (sadistic concept of coitus), as to the pre-oedipal attachment to his mother. Certainly both factors contributed; yet the complete lack of interest, through repression, in the breasts of his sexual partner, and still more, the ejaculatory disorder, suggest the pre-oedipal source of aggression. A further difficulty arose from the fact that the aggression against the breast appertained to so early a period of the suckling stage that a direct memory could not be recovered through the analysis.

The following consideration carries the investigation a bit further. In an article, *Transference and Love*, the author, in collaboration with Dr. Ludwig Jekels, (*Imago*, XX, 1934), pointed out that the child, in his 'autarchic fiction', *has the tendency to restore his lost narcissistic unity by means of his own body*. This takes place above all by means of the penis,

dress in the lobby of a theater. She is nursing her baby. An outraged gentleman stands near by. Beneath is a legend, 'A mother who really loves her child'.

which the child, as Freud has stated, 'substitutes for the recently lost nipple of his mother'. But Jekels and I considered that we have to search, *not* for the mother as object, as Stürcke, Ferenczi, Rank, and Deutsch assumed, but for the *breast conceived as part of the child's own body*. Hence this drive toward object attachment is essentially narcissistic. I therefore constructed the hypothesis that the *buttocks* may be used in a *similar attempt at narcissistic restitution*. For the child they are actual proof that it possesses the breast, hence a denial of its loss and a restoration of the lost unity. At the same time the nugatory tendencies arising at a later period, attach themselves to the highly valued breast-buttocks.

The problem remains to find proof of this transition from the mother's breasts conceived as part of the child's body, to his buttocks, and of the identification: breast=own buttocks. It is an analytic commonplace that this equation often occurs in dreams. This would by no means suffice as proof, however. It must be shown that this equation is a psychic necessity. In this connection the following passage from Abraham's *Development of the Libido*¹¹ is interesting:

'Another similarity between these two patients was that in each case the mother also was represented by only one part of her body, namely, her breasts. They had obviously been identified in the child's mind with the supposed penis of the female. She was alternatively represented by her buttocks, which in their turn stood for her breasts. The relation of this image to oral erotism (pleasure in biting) was more than evident, and could be supported by many examples, one of which I shall give. X once dreamed as follows: "I was eating away at a piece of meat, tearing it with my teeth. At last I swallowed it. Suddenly I noticed that the piece of meat was the back part of a fur coat belonging to Frau N."

'It is not difficult to understand the "back part" as a displacement from before backwards. In the same way we can understand the frequent symbolic use made of fur as an allusion to the female genital. Frau N.'s surname was in fact the name of an animal, and

¹¹ Abraham, Karl: *A Short Study of the Libido, viewed in the Light of Mental Disorders* (1924), in: *Selected Papers on Psycho-Analysis*. London: The Hogarth Press, 1927, pp. 485-486.

of an animal which frequently symbolized her mother in this patient's dreams.

"Displacement backwards" was a process that constantly occurred in the mental images of both patients. Both had a feeling of disgust at their mother, and in their phantasies and certain symptoms both likened her to the essence of all that is most disgusting, namely, excrement. Thus the mother was represented in imagination by a piece of the body that had left it, *i.e.*, a penis, and fæces. . . .'

The process of investing the anal zone with libido is accordingly to be divided into the investment of the anus, as Freud has irrefutably described it, and the libidinal investment of the buttocks¹² in the narcissistic attempt to restore the lost breasts of the mother, which according to Freud are originally taken by the infant to be a part of itself.

Anal eroticism, or libidinal investment of the anus, is one of the most carefully studied fields of psychoanalysis, to which very little remains to be added. One of the most important achievements of the creator of psychoanalysis is the unraveling of the obsessional neurosis, which is the classic stage for the acting out of these drives in a pathologically distorted form, and at the same time the purely clinical proof of the existence and dominance of these tendencies.

Gluteal eroticism, on the other hand, is an almost untouched analytic field. As previously stated, I conceive the cathexis of the buttocks as a narcissistic attempt of the infant to replace the breast, but believe that in the course of further development much of the degradation accompanying the psychic development of anality is superadded.

By way of indirect illustration I submit a passage from the satirical composition of an orally regressed patient, an unproductive author, whom I described in my paper on obscene words.¹³ This biting satire, entitled 'Strange Weakness',

¹² Sadger, J., in his paper, *Über Gesässerotik*, Int. Ztschr. f. Psa. I, pp. 351-358, has suggested the name 'Anal- or Gluteal Eroticism' for the erogeneity of the buttocks. Sadger's paper is purely descriptive.

¹³ Bergler, Edmund: *Obscene Words*. This QUARTERLY, V, 1936, pp. 226-248.

describes an official who, being widowed after a marriage of fifteen years, says he is through with women:

'Like every proper state official, he suffered from chronic constipation—comprehensibly, for people to whom the state gives little, themselves soon forget the art of giving. Obstipation lasting two weeks at a stretch was not unusual with him, and apparently caused him no particular discomfort. At worst he became irritable and moody. This did not bother him, however; rather those with whom he came in contact in the order of official business. Once, nevertheless, when he had remained constipated for almost three weeks, presumably following a renewed salary reduction, he became really uncomfortable, and he decided to do something about it. But no medicine would work. None! When his eyes began to bulge like those of a man with Graves' disease, he decided, with much inner reluctance, to take an enema. He was advised to engage a midwife. This suggestion he repudiated with indignation, as he justly feared the midwife might attempt to convince him, anent this deed, that she was indispensable to him, and that it would be best if he were to marry her at once. Nothing remained, therefore, but for him to take the enema by himself. From a neighbor he bought a fountain syringe which she was able to sell very cheaply because she had little use for it. At home, on the gas-stove, he brewed warm water with soap, considering meanwhile how to attack and carry out his project. He was greatly annoyed that all this had to happen on just that day, his birthday, which God knew, he might have spent far more pleasantly. He decided to take the enema lying on his bed. On the wall over the bed hung the portrait of his deceased wife. This he removed and in its place hung the syringe filled with soap and water. This was not difficult. The difficulties arose in conducting the soapsuds to its proper goal. For this he required a mirror, which he was able to place satisfactorily only after longdrawn experiments. As he was about to introduce the tube, he found that he could not see well enough without his eyeglasses. He could not depend upon sensation alone. He got up again from the bed and looked on his desk for the glasses. He had to hunt for quite a while before he found them. At last he could begin. With the help of the mirror and his own sensations he shoved the tube into the proper place. He then realized that without vaseline, it would never go in. He

had taken good care not to think of the vaseline! He didn't even have such a thing in the house. Again he rose from his couch. He was beginning to be pretty angry. What should he use instead of vaseline? He hunted about the apartment and finally found a pan of polishing wax which would serve the purpose. Irritated, he lay down again on the bed, set the whole paraphernalia to rights again, shoved the tube into the proper place (that was better!), and carefully turned the cock. When he felt the stream of water in his body he shrieked. It had taken so long to overcome the obstacles to his undertaking that the water had turned ice cold in the meantime. By now he was close to tears. He began again from the beginning. He warmed his soap and water in the kitchen, swearing under his breath. When the water had reached the proper temperature he resumed the already familiar preparations with increased haste. The lukewarm stream was already flowing when fate played another trick. The nail which was just strong enough to hold the portrait of his deceased wife, gave way before the unaccustomed weight of the fountain syringe. With a horrible crash, the container plunged from the wall right on his head. The entire soapsuds doused his face and on his temple was a bump the size of a nut. With a single leap, he sprang off the bed into the middle of the room and paced up and down, rubbing the swelling. He was now in a devilish rage. Relapsing into primitive syllables, he blasphemed all the saints he could call to mind. It was some while before he noticed that he was dragging the tube and container of the syringe back and forth behind him. Furiously he tore the damned appendage from his body. Then he sat down at his smoking table and lit his pipe. Puffing angrily, he regarded the scene of his misfortunes. The mess seemed pretty hopeless. The bed dripped soapy water. He called himself a fool for not having the midwife and flirted with the idea of calling her now. But after his anger had subsided somewhat, he resolved to make a final attempt. And this attempt—be it stated briefly—succeeded to his fullest satisfaction!

The close of the satire describes a meeting of the official with a husband-hunting lady, who has pursued him for years. He runs into her in a corridor on his way to the toilet. In sheer desperation, because of his haste to reach the toilet, he permits her to kiss him in betrothal. This satire was written

by the patient at a stage of the analysis when the oral ties to his mother were being resolved through interpretation of the transference. They were bound up with strong nugatory tendencies. The degradation of woman was the *conscious* motive of the satire. Nevertheless oral wishes are *unconsciously* smuggled into the anally transcribed material. It was not chance that the syringe replaced the portrait of the wife (mother) or that the importance of the fluid to be used is in any case so greatly emphasized, expressing as it does the 'autarchic fiction' of 'doing everything oneself'.

Applying the equation breast=buttocks to the masculine beating fantasy, the contradiction pointed out by Freud disappears: 'The boy evades his homosexuality by repressing and remodelling his unconscious phantasy [i.e., of the third phase]; and the *remarkable thing about his later conscious phantasy is that it has for its content a feminine attitude without a homosexual object-choice.*' This is because it is concerned with the phallic mother. The 'transcription' from the father of the second phase to the mother of the third phase succeeds so readily, because the mother of the third phase is the same individual (but not psychologically the same) as the person I assume for the first phase. At the same time this gives us a hint why the elimination of the father in the third phase remained incomplete: the father was a palliative for the all too sadistically conceived phallic mother.

My speculations and demonstrations had progressed to this point, when I asked myself how this 'transcription' from the maternal breasts to the buttocks of the boy was to be *clinically* proved. I began indeed to doubt whether it was at all possible to prove this connection which I felt to be correct. The orally fixated or regressed patients were obviously not suitable material for my purpose, for the very reason that the aggression against the maternal breasts was so deeply repressed, and that memories from the suckling period are scarcely to be counted on. To be sure, the symptoms of these patients speak very clearly¹⁴, but to those who question the importance of the

¹⁴ Thus I had long since observed that the particular inhibition of some

oral level of libido development are scarcely convincing. I constructed the following theory: it might be possible that a masochistic patient, fixated at the negative œdipus complex, with beating fantasies having the father as subject, would naturally repress this entire set-up, and might well retain *conscious* aggression against the mother's breasts, for the very purpose of concealing the wishes relating to the father. This notion came to me in connection with my study of Stendhal.¹⁵ I explained the curious fact that Henri Beyle, in his memoirs, *The Life of Henri Brulard*, could freely admit the positive œdipus complex, because it protected him from the threatening negative œdipus complex which lay behind it. In other words, Stendhal's unconscious ego sacrificed the repression of the positive œdipus complex for the sake of maintaining the homosexual attitude in the unconscious.

I found a complete confirmation of this assumption soon afterwards, when a young student entered analysis because of impotence and masochistic character traits. When he was asked about his beating fantasies, he at first declared that he had none. However, he thought that perhaps certain incidents of his school days might be significant. As chairman of the student organization, he had repeatedly found it necessary to protest against the beating of boys by their schoolmates. At the same time he had had the tragic experience of catching himself repeatedly in similar active beating fantasies. It became clear at the very beginning of the analysis that the patient above all identified himself with the boys who were beaten, without, however, being conscious of it. After some time the patient reluctantly recounted the chronological development of his masturbation fantasies. When he was three to four years old sadistic fantasies concerned themselves exclusively with his mother's breasts. He had thought out a whole system of refined torture. Generally his mother was

patients to indulge in deeply desired coitus *a tergo* is determined not only anally but also by the identification of buttocks with breasts.

¹⁵ Cf. Bergler, Edmund: *Talleyrand-Napoleon-Stendhal-Grabbe*. Vienna: Int. Psa. Verlag, 1935. Chapt. III.

fastened by the breasts with cords to a sort of pulley which hung from the ceiling. The patient stood on the opposite side and pulled at the cords, stretching the breasts until the mother was dragged upwards in great pain, and the breasts were finally torn off. Or his mother's breasts were fastened to her feet by means of cords tied backward over the shoulders; her head was also fastened to her feet with cords, but tied forward. That is, the breasts were pulled backward, the head downward. Pulling at both cords at once caused 'tearing in two'. Or else his mother was chased naked in the street, her arms fastened backwards, so the breasts were expanded. The patient was behind her, holding her by a cord. Or the mother was suspended by her hair and breasts, until both were torn off. In this combination of sadistic and scopophilic fantasies, the patient played the active rôle of tormentor in an ever diminishing degree. Other women made their appearance; then men, who become increasingly important, the penis soon taking the place of the breast. He recognized the penis as his father's, because his father was the only circumcized man he knew, being a baptized Jew, whose children had not been ritually circumcized. It was men instead of women who were now tortured by the patient. These 'cord, tearing and hanging' fantasies as he called them, were in turn replaced by 'crushing fantasies'. Naked women, and sometimes also men, were thoroughly scrambled in a box and then squeezed together. Here for the first time we have the conversion into masochism. The patient, hitherto the active agent, or at least the spectator taking pleasure in these sadistic fantasies, himself climbs into the box where he suffers all that he has perpetrated against the others.

At puberty the previously mentioned beating fantasies of schoolboys were in the forefront, but also typically masochistic notions, such as that a woman would sit on the patient as he lay supine, so that he had to breathe her evil odor. Several times the fantasy of drinking urine occurred. He elaborated the story of the robbers who, falling upon peasants, forced them to drink manure drainage to make them tell where their money was hidden.

We see the patient making the most desperate efforts to place his own sadism in the forefront. He obviously cannot admit the masochistic wishes into consciousness. Again and again cruelty toward woman breaks through, and particularly toward *the breast*. At the beginning of the analysis the patient's masturbation fantasies were as follows: a woman is being tormented by means of a special apparatus. She is placed in a specially constructed contraption which has iron spikes on the inside. When the door is shut, the spikes automatically penetrate her breasts. Or, the woman's arms are weighted, so that her breasts protrude, and then the breasts are pierced, stabbed, etc. At times the patient is merely a spectator; at times he torments the woman himself.

There is no doubt that these fantasies do not in the least correspond to the original version. The entire positive œdipus complex, rejection of the female genitals for which the patient had no conscious sexual interest, castration fears and identification with the mother, the choice of father as love object, etc., are repressed. Precisely in order to keep under repression this set of wishes which constantly threaten to break through, he retains in consciousness the sadistic interest in the breast. In so doing he ties up to the original pre-œdipal wish and revenge fantasies which relate to the breast. The only organ which excites the patient sexually is the breast, on condition that he can indulge in sadistic practices against it. The fact that these sadistic wishes concerning the mother's breast remain conscious is not merely a displacement mechanism¹⁶ guaranteeing the denial of the passive feminine unconscious homosexual wishes; it is also indirectly a proof to the patient of his own aggressiveness, his masculinity. Thus intrapsychi-

¹⁶ Another part of this displacement mechanism, the purpose of which was to relieve guilt feelings, relates to the 'main question' of these fantasies, which the patient was able to admit to consciousness. In this patient we find a displacement to technical problems; in the previous patient, with ejaculatory difficulties, a similar displacement to the punishment motive. It is of interest that the patient later in his profession, sublimated the technical problem' of the construction of a pulley for suspending the breast. He became a constructor of machines. For further possibilities of sublimating these fantasies, see Anna Freud's *Schlagephantasie und Tagtraum*, Imago, 1922.

cally less important things are sacrificed to protect him against the more important unconscious homosexuality. No wonder that the main resistance of the patient was at just this level, and that strong oral factors were also involved.

Summary

The question left open by Freud—whether there is a preliminary sadistic phase of the masculine beating fantasy—is answered in the affirmative. The aggression of the boy is first of all directed against the breasts of the pre-œdipal mother, and is only secondarily, under pressure of guilt feelings, turned against himself. In so doing the buttocks of the boy are equated with the breasts of the mother, which among other things represents a narcissistic attempt at restitution, and the executive is only subsequently, in the œdipal phase, ‘transcribed’ from mother to father. I have tried by means of casuistic material to prove this theory. The material exhibits complete agreement with the second and third phases according to Freud.

Translated by POLLY LEEDS WEIL.

DEFENSE AND SYNTHESIS IN THE FUNCTION OF THE EGO

Some Observations Stimulated by Anna Freud's 'The Ego and the Mechanisms of Defense'

BY THOMAS M. FRENCH (CHICAGO)

Psychoanalysis began with the discovery of the existence of unconscious memories and wishes and devoted itself first to the study of their content. Later Freud began to inquire into the nature of the repressing forces. Guilt feelings, the unconscious need for punishment, the manifestations of the conscience, became the central theme of psychoanalytic interest. Only recently are the ego and its integrating function becoming increasingly central in psychoanalytic thought. Anna Freud's *The Ego and the Mechanisms of Defense*¹ is an important contribution to this increasing interest in the study of the ego.

I

How can one investigate the function of the ego? Anna Freud devotes a considerable part of the first section of her book to the discussion of this question. She points out that it is the ego upon which we have to rely in order to gain information concerning the other two parts of the personality. The ego 'is, so to speak, the medium through which we try to get a picture of the other two institutions'. It is possible to observe the id only when unsatisfied instinctual impulses attempt to invade the ego. Similarly the superego is discernible as a separate institution only when its claims become disturbing to the ego in the form of feelings of guilt or need for punishment.

From the Institute for Psychoanalysis, Chicago.

¹ Freud, Anna: *The Ego and The Mechanisms of Defense*. Hogarth Press, London, 1937.

On the other hand, the function of the ego itself is a silent and unobtrusive one except at times when the demands of id and superego become a threat to it. The ego knows nothing of successful repression or reaction-formation. As observers we become aware of these successful ego reactions only when we notice 'that certain impulses are absent which we should expect to make their appearance in the ego in pursuit of gratification'.

In psychoanalytic treatment we become aware of the ego's activity in the ego defenses that are mobilized when impulses from the id threaten to become conscious. The author points out that 'from the beginning analysis as a therapeutic method was concerned with the ego and its aberrations; the investigation of the id and of its mode of operation was always only a means to an end'. The unconscious impulses were important therapeutically only because they were the cause of symptoms, abnormal character traits, etc., which were disturbing to the conscious personality. The therapeutic goal 'was invariably the same—the correction of these abnormalities and the restoration of the ego to its integrity'.

In a very interesting review of the various technical procedures employed by the analyst, the author portrays vividly the process of mobilization of ego defenses. I shall cite only a part of her comments upon hypnosis and upon free association. In hypnosis 'the goal aimed at was the revelation of the unconscious; the ego was a disturbing factor and hypnosis was a means of getting rid of it temporarily. When a piece of unconscious material came to light in hypnosis, the physician introduced it to the ego, and the effect of thus forcibly bringing it into consciousness was to clear up the symptom. But the ego took no part in the therapeutic process. It tolerated the intruder only so long as it was itself under the influence of the physician who had induced hypnosis. Then it revolted and began a new struggle to defend itself against that element of the id which had been forced upon it, and so the laboriously achieved therapeutic success was vitiated.' In free association, on the other hand, 'the fundamental rule can never be followed beyond a certain point. The ego keeps silence for a time and

the id-derivatives make use of this pause to force their way into consciousness. The analyst hastens to catch their utterances. Then the ego bestirs itself again, repudiates the attitude of passive tolerance which it has been compelled to assume and by means of one or other of its customary defense mechanisms intervenes in the flow of associations. The inroad of the id into the ego has given place to a counter-attack by the ego upon the id. The observer's attention is now diverted from the associations to the resistance, i.e., from the content of the id to the activity of the ego. The analyst has an opportunity of witnessing, then and there, the putting into operation by the latter of one of those defensive measures against the id, which I have already described and which are so obscure, and it now behoves him to make it the object of his investigation.'

II

Thus the functioning of the ego is most readily observed when it becomes manifest in the form of defense mechanisms against the eruption of unconscious tendencies. In analysis these defense mechanisms appear as resistances; in life either as permanent character traits or as symptoms.

A number of elementary defense mechanisms have been described. The author offers us a list of ten: repression, regression, reaction formation, 'isolation' and 'undoing', projection, introjection, reversal (of content), turning (an impulse) against oneself (i.e., reversal of direction), sublimation. This list is probably incomplete. The most conspicuous omission is rationalization.

More significant than any mere enumeration, of course, is the problem as to what determines the ego's choice of defense. What determines which of its many possible defense mechanisms will be employed by the ego? This might depend, as Freud has suggested, upon the chronological stage of development of the ego, or, more precisely, upon the relative stage of development of ego and instinct. The author considers this possibility, but abandons for the present the attempt to work out its implications.

As a simpler approach to this problem, she undertakes to classify the motives that drive the ego to resort to defense mechanisms. These motives she divides into three groups: (a) 'Superego anxiety' or fear of the conscience, which is particularly characteristic of the neuroses of adults; (b) 'objective anxiety' or fear of real consequences, which is most frequently the motive for defense in infantile neuroses; and (c) 'instinctual anxiety' or fear of being overwhelmed by the strength of the instincts. This last motive is particularly characteristic of periods like puberty when there is a sudden accession of instinctual energy threatening to upset a previously established psychic balance.

III

The ego's defenses against 'superego anxiety' have already been exhaustively discussed in the psychoanalytic literature. In the present work they are therefore not made the subject of separate discussion. The author turns immediately to the study of the defenses against 'objective anxiety'.

We know that the superego arises by identification with the parents as a means of mastering the objective anxieties of the childhood period. These are fear of punishment and, most important of all, the fear of loss of the parents' love. In adult analyses we encounter these reactions to 'objective anxiety' after they have already been modified by the development of the superego. The child's handling of its 'objective anxieties', on the other hand, is much more naïve and direct.

In the section that follows, the author presents us with a series of very simple and clear illustrations of defense mechanisms that are characteristic of different periods of ego development—a set of illustrative examples which might well be the beginning of a clinical descriptive study of the development of the characteristic ego defenses from the infantile period up to the time of puberty.

In early childhood, the author points out, it is often impossible for the child to escape painful external impressions and the child is therefore compelled to resort to the somewhat

desperate defense of denying the painful fact by means of fantasy. Thus one little boy whom she describes attempts to get rid of his fear of the father by fantasizing that he owns a tame lion which terrifies everyone else and loves no one but the little boy himself.

In other cases fantasy alone seems to be an inadequate means of getting rid of painful reality and the child finds it necessary to act out its protective fantasy in play or in talk. This the author calls 'denial in word and act'. To quote one instance, a little boy must be allowed actually to wear his father's hat or he becomes restless and discontented.

As the child grows older 'the ego loses the power of surmounting considerable quantities of objective pain by means of fantasy'. To be sure 'even in adult life day-dreams may still play a part . . . but in adult years a day-dream is almost in the nature of a game, a kind of by-product with but a slight libidinal cathexis . . . it seems that the original importance of the day-dream as a means of defense against objective anxiety is lost when the earliest period of childhood comes to an end.'

The author raises the interesting question as to why it is that fantasy thus tends to lose its value as a means of defense as the child grows older. She surmises that this change is the result of the strengthening of the faculty of reality testing and also of the fact that the ego's need for synthesis makes it increasingly impossible for opposites to exist side by side as they do in the fantasy life of the younger child.

However this may be, 'when a child is somewhat older his greater freedom of physical movement and his increased powers of psychic activity enable his ego to evade such (painful) stimuli and there is no need for him to perform so complicated—one might say drastic—a psychic operation as that of denial. Instead of perceiving the painful impression and subsequently canceling it by withdrawing its cathexis, it is open to the ego to refuse to encounter the dangerous external situation at all. It can take to flight and so, in the truest sense of the word, "avoid" the occasions of "pain".' As one of her examples the author cites the case of a little girl who, much chagrined

by a rebuff from an admired boy at her first dance, thereupon loses all interest in dancing and pretty clothes and concentrates her interest upon the ambition to excel intellectually. This sort of withdrawal from activities that have led to painful experiences the author calls 'restriction of the ego'. Except in its more extreme instances, such 'restriction of the ego' may not necessarily be a neurotic manifestation at all, but may be regarded as 'a normal stage in the development of the ego'. It corresponds to an element in reality adjustment that everyone must make, the recognition and acceptance of one's limitations. It differs from neurotic inhibition, the author points out, in that the neurotically inhibited activity is a substitute for a forbidden instinctual wish which the inhibited person is unable to give up, whereas 'restriction of the ego' corresponds to a real renunciation and loss of interest in the abandoned activity.

IV

Up to this point the author has been describing isolated and rather elementary defense mechanisms. In order to understand the activity of the ego it is of course profitable to attempt to resolve that activity into its elements. The question might be raised, however, as to whether an enumeration and description of isolated defense mechanisms could ever give us a really adequate picture of the normal functioning of the ego. The defensive activity of the ego is in most cases a much more highly organized reaction involving not one but several elementary defense mechanisms in conjunction with one another. The essence of the ego function is synthesis and integration and it must be important therefore not only to resolve the defensive activity of the ego into its elements, but also to study how these elementary mechanisms complement each other and become organized into more integrated behavior.

In her next two chapters the author describes somewhat more complex forms of defensive activity. The mechanism of 'identification with the aggressor' may be regarded as a complex mechanism involving a combination of identification and projection. To cite one of the author's prettiest illustrations,

the child reacts to its fear of an angry teacher by involuntarily mimicking the teacher's facial expressions. The child defends itself against its fear of the teacher's aggression by identifying with the teacher's aggressive gesture. In another instance a boy vehemently accuses his mother of the curiosity for which he fears that she will reproach him. In this latter case the combination of identification and projection is even more clear in that the boy identifies with the aggressive rôle of the mother from whom he fears reproaches, but on the other hand projects upon her the curiosity for which he expects to be reproached.

It is perhaps making the mechanism more complex than it really is, however, to describe it as a combination of identification and projection. What occurs might be more simply described as a reversal of rôles. It is only for our convenience that we analyze it into two separate mechanisms of identification and projection.

The next chapter describes a defense reaction which is more highly integrated. The mechanism of 'altruistic surrender' might also be called a mechanism of vicarious gratification. It consists in the renunciation of direct gratification of one's own wishes and the substitution of the urge to obtain for someone else the very same gratification that one has renounced for oneself. The author cites the case of a governess who had been a very demanding child but as a grown woman impressed one with her unassuming character and the modesty of the demands which she made upon life. Her own demands upon life had not been completely inhibited, however, but were gratified vicariously in her identification with the love affairs and pretty dresses of her women friends, in her devotion to other people's children and in her intense ambition for the men she loved. Even the aggressive reactions to frustration which were so conspicuously absent on her own behalf were given free expression in behalf of those with whom she identified as was illustrated by her indignant anger when a mother refused a child some sweets that it desired. Then she experienced the frustration of the child's wish as if it were her own and became furiously indignant.

In this instance we have not a single defense reaction but

rather the organization of a whole personality upon the principle of substitution of vicarious for direct gratification. We should expect this sort of personality organization to put the ego under some tension. To complete the picture we should wish to know whether in these cases there is any evidence of the frustration that would seem to be an inevitable concomitant of such complete renunciation of direct gratifications. The patient's uninhibited anger on behalf of those with whom she identified offers indeed a considerable outlet for such frustration reactions. Under favorable circumstances this sort of outlet may be fairly adequate. A case reported by Helene Deutsch² however suggests the possibility of a more tragic sequel. After Helene Deutsch's patient had devoted her life to her sister according to the mechanism of 'altruistic surrender', the sister finally married and left her. The patient developed a melancholia in which she feared and expected to be abandoned on the street naked and alone—a fear which was in retribution for her own desire for revenge upon the sister by leaving her naked and alone just as the sister had abandoned the patient.

Cases of this sort make it plain that the description of a single defense mechanism gives us a picture of only a fragment of the ego's synthetic activity. If one defense mechanism relieves tension at one point, it must usually be combined with another to counteract the tension which has been increased at another point. Repression must be supplemented by substitutive gratification, by sublimation if the repression is successful, in other cases by symptom formation. Reaction-formation may need to be compensated by projection and rationalization. Each individual case is different, but all illustrate the fact that the defense mechanisms must be thought of as elementary parts of the ego's attempts at organization of the total personality. The essential function of the ego is one of synthesis and integration and can be adequately understood only when we attempt to understand it in relation to the total problem of personality organization with which the ego is faced.

² Deutsch, Helene: *Psychoanalysis of the Neuroses*. London: Hogarth Press, 1932, Chapt. XI.

V

We have seen that the study of the ego's defense mechanisms seems to offer us the most direct approach to the investigation of the ego activities. It is time now, however, to raise a question. Is a study of the defense mechanisms likely to give us an adequate picture of the normal functioning of the ego?

As the author points out, it is difficult to study the ego when it is functioning smoothly. Even the formation of successful reaction-formations takes place unobtrusively. When the ego functions are well performed, they are performed silently and invisibly.

On the other hand, a picture of the ego obtained by a study of its defense mechanisms might be compared to a description of the functioning of a government at a moment when its energies are absorbed in putting down an insurrection. Obviously we see here not the normal activity of the government, but its emergency activity when its existence is being threatened. Similarly in studying the defense mechanisms we are able to observe the activity of the ego only at a moment when its synthetic activity is struggling against the threat of imminent disintegration.

In other words, in studying the ego we are faced with difficulties similar to those that face the biochemist in attempting to study the chemistry of the living cell. It is difficult to determine how far the procedures or disease processes which make possible our observation may themselves have damaged the living activity that we wish to study.

Nevertheless, the various defense mechanisms may perhaps be expected to show us in isolated and possibly exaggerated form different aspects of the normal functioning of the ego, and one might perhaps hope to reconstruct a picture of the ego's synthetic activities by piecing together the hints that we get from the nature of its different defense mechanisms.

VI

There can be little doubt that the central function of the ego during childhood is learning—learning to adapt the child's

instinctual needs to external reality. It would seem to the reviewer that any adequate understanding of the development of the ego must orient itself about this learning process. What rôle then is played by the ego's defense mechanisms in relation to this central task in ego development—the progressive mastery of and adaptation to external reality?

Let us attempt to answer this question first with reference to the mechanisms that utilize fantasy in order to deny objective pain and objective danger. As the author points out, denial of objective pain and of objective danger by means of fantasy is a mechanism that belongs to a normal phase in the development of the infantile ego. The dramatization of these protective fantasies in word and act is also a universal feature of children's play.

We have seen that when the anxiety becomes too great, this protective use of fantasy may be exaggerated and fixated into forms that are disturbing to the later development of the ego. This should not lead us to forget, however, that fantasy has a normal function to perform in the process of the child's learning to master its environment. Due to the prolonged period of childhood in human development, much of a child's learning must take place in two stages. The child sees and is told many things which it can for the time master only in its imagination. In the process of education the child is introduced in advance to an adult world which has little reality for it in direct experience and which can be grasped only by free use of the child's imagination. Later it is hoped that the child will make use of this second-hand knowledge in dealing with its own more immediate problems.

The discrepancy between child and adult is so great that were it not possible to fill in the gaps by means of fantasy, the incentive to become like the parents would be confronted with insuperable obstacles. Identification with the parents can be achieved only by small steps. If it were necessary for the child to make this identification all in one step, the task would be so utterly hopeless that the only possible solutions would be either complete resignation or intense frustrated envy. By

means of fantasy, however, the child is permitted to grow up by shorter steps that are within the range of its capacity. Urged on by the pressing need to be like the parents, the child copies what it can and fills in the rest with fantasy. The urge to emulate the parents becomes thus an incentive for a continuous learning process rather than the source of hopeless frustration.

In the pathological cases in which fantasy must be used as a defense against acute anxiety, we see an exaggeration of this normal function which is also a symptom of the beginning of its failure. We have reason to believe that the œdipus complex and the castration fears that spring out of it are themselves consequences of the fact that in human beings the period of childhood is so prolonged. At the time of the first sexual awakening in the third or fourth year of life, the discrepancy between father and son is so great that real identification with the father is hopeless. Unless this urge to identify with the father can find outlet in fantasy and in play which has the value of fantasy, the energy of the child's phallic sexuality must be concentrated upon envious competition with the father and upon a fear which is the inevitable consequence of such hopeless competition. Under these circumstances, as in the instances cited by Anna Freud, fantasy may now be called in to protect the child from the anxiety that has resulted from the failure of its more normal function. Instead of a means of making possible a gradual and progressive identification with the father, fantasy now becomes an emergency defense against the dangers arising out of the competitive struggle with him.

Thus it would seem that a defense mechanism appears at the point where the normal integrative function of the ego begins to break down. In accordance with a principle to which I have frequently called attention³, it would seem that the

³ French, Thomas M.: *A Clinical Study of Learning in the Course of a Psychoanalytic Treatment*. This QUARTERLY, V, 1936, pp. 148-194. *Reality and The Unconscious*. This QUARTERLY, VI, 1937, pp. 23-61. *Interrelations Between Psychoanalysis and the Experimental Work of Pavlov*. Am. J. Psychiat., XII, No. 6, 1933.

normal synthetic function of the ego is thrown out of gear when the instinctual tension becomes too great or, more precisely, when there is too great a gap between instinctual need and fulfilment. When the synthetic activity of the ego begins to fail, the elementary mechanisms out of which the ego's normal activity is built up appear now in exaggerated forms. These same elementary mechanisms must now be mobilized as defense mechanisms in order to prevent more complete disintegration of the ego's activity.

VII

The same principle may be illustrated in connection with other defense mechanisms described by the author.

In the mechanism of 'denial in fantasy', the infant attempts to get rid of unwelcome facts by the simple device of a fantasy that reverses the painful situation. In other cases, as we have seen, fantasy alone seems to be an inadequate means of getting rid of painful reality. The child finds it necessary to act out its protective fantasy in play or in talk. This the author calls 'denial in word and act'. From the examples cited it would seem that in these cases fantasy alone is inadequate to satisfy the child or quiet its anxiety—as in the instance of the little boy who must be allowed actually to wear his father's hat or he becomes restless and discontented. Even later it was necessary for him to know that he actually had his 'stilo' in his pocket. In this case a fantasy of being the father was clearly not enough. The fantasy must be reinforced by some real token.

In this need to supplement fantasy with reality, to give fantasies actuality by living them out upon some real object, it would seem that we have a cruder example of a synthesis that must play an important rôle in the establishment of the reality principle. We are so accustomed to contrast reality and fantasy as opposites that there is danger of overlooking the fact that the capacity to be satisfied by fantasy is probably one of the dynamic factors essential for the establishment of the reality principle. The reality principle requires that one

renounce immediate pleasure and endure pain for the sake of future pleasure. In other words, the incentive of future pleasure must be strong enough to counterbalance the demands of the pleasure principle. But at the moment when it is needed as a force to modify the demands of the pleasure principle, future pleasure can be present only in fantasy. The capacity to be at least temporarily satisfied by fantasy would thus seem to play an important rôle in learning to wait; in learning to withstand the pressure of immediate needs.

Thus fantasy tends to make one independent of the need for gratification from the external world. Here lies a danger. If fantasy wins too complete a victory over the pressure for immediate gratification, it may tempt one to withdraw completely from external reality.

Fortunately there seems to be a limit to the efficacy of the mechanism of 'denial by fantasy'. As in the cases described by Anna Freud, denial in fantasy must usually be supplemented by 'denial in word and act'. In the establishment of the reality principle⁴ we seem to see the same principle at work. In both we see a tendency toward synthesis of fantasy with the original pressure for immediate gratification in the external world. The pressure for immediate satisfaction becomes a drive for realization of one's fantasy. By virtue of such a synthesis, fantasy is modified into purpose. In actual clinical experience we can observe all possible stages in this transformation, all possible gradations, for example, between ambitious daydreams and driving ambitions. The proverbial good intentions with which hell is paved are really little more than fantasies without sufficient drive toward realization to be activated into purposes.

But if this is so, why do not Anna Freud's little patients react according to the reality principle? Why must they resort to 'denial in word and act'? To attempt to give a com-

⁴ This is not intended to be a complete discussion of the elementary principles entering into the establishment of the reality principle. In *Reality and the Unconscious* (*loc. cit.*) I have called attention also to the repetition compulsion as one important factor in this adjustment.

plete answer to this question would of course take us beyond the scope of the present discussion, but the key to the solution will probably be again the intensity of instinctual need with which the ego is confronted. We must again return to the principle that the ego is able to function smoothly only when the instinctual tensions do not exceed a certain limit. The ego is like a delicate electrical instrument that is completely thrown out of adjustment by too intense a current. If the tension is too great, then the more refined adjustment, adaptation according to the reality principle, must be replaced by a cruder adjustment of a similar sort. The normal synthetic activity of the ego must degenerate into a defense mechanism.

VIII

We have already mentioned that the author regards the mechanism of 'restriction of the ego' as belonging to a normal stage in the development of the ego. It corresponds to a normal step in reality adjustment, learning to accept one's limitations. It should probably be thought of as a defense mechanism only when the resignation goes too far, when the child gives up rather than make the effort necessary to overcome a difficulty. Here again the defense mechanism arises as an exaggeration of a normal adaptation that is beginning to fail. In general there are two ways of dealing with obstacles in the way of wish fulfilment. Either one struggles to overcome the obstacle or one accepts one's limitations and adapts oneself to them. In normal ego functioning one chooses between these two principles or combines them according to the nature of the difficulty. When the ego fails in this discriminatory function, either excessive resignation or futile aggressive protest may appear as defense reactions. The mechanism of 'identification with the aggressor' is one example of the latter.

Similarly the principle of substituting vicarious for direct gratification is probably one element in a great many of the normal adjustments of the ego in relation to objects. Freud ⁵

⁵ Freud: *On Narcissism: an Introduction*. Coll. Papers, Vol. IV, p. 30.

early called attention to the fact that vicarious gratification of their own abandoned narcissism plays an important rôle in the devotion of parents to their children. As the author points out in a footnote, the mechanism of altruistic surrender is also very similar to one of the mechanisms responsible for fixation upon male homosexuality. The homosexual renounces his claim to the mother's love in favor of a younger man and gratifies his own desires vicariously by playing a maternal rôle toward the younger man. Eduardo Weiss⁶ has even suggested very plausibly that the transition from homosexual to heterosexual object choice in both sexes probably proceeds by a similar mechanism in that the male, for example, gratifies vicariously his own feminine desires by bestowing upon a heterosexual object the love that he himself desires. It would seem also that the tender components in the sexual urge may quite possibly be based in part upon a similar mechanism.

In these more normal object relations the principle of vicarious gratification is supplemented by other sources of satisfaction. The mechanism of 'altruistic surrender' as described by the author, illustrates this principle of vicarious gratification as a defense mechanism—in an isolated and exaggerated form.

IX

In the concluding chapters the author seeks the clue to some of the perplexing phenomena of puberty in the anxiety of the ego lest it be overwhelmed by the increasing strength of the instincts. The capricious and rather indiscriminate asceticism of the adolescent child and the adolescent's fascination for abstract and idealistic intellectual activity seem to find in this hypothesis a rather satisfying explanation. The asceticism is a desperate attempt to renounce instinctual gratification altogether. The fascination for abstract problems is an attempt at intellectual mastery, an attempt to project the youth's very concrete emotional conflicts into the realm of abstract thought.

⁶ Weiss, Eduardo: *Über eine noch nicht beschriebene Phase der Entwicklung zur heterosexuellen Liebe*. Int. Ztschr. f. Ps., XI, 1915, p. 429.

These attempts at mastery of instinct tend to alternate with impulsive uncontrolled behavior when the rather desperate defenses of the ego fail. The passionate attachments to objects which are as fleeting as they are intense, are regarded by the author as attempts at recovery, attempts to regain the object relations that threaten to be lost due to the adolescent's attempts to isolate himself from temptation and to renounce instinctual gratification.

In this account the author is evidently treating the reactions of puberty as a series of defense reactions invoked by an ego that is desperately threatened by the increasing strength of instinct. One might speak paradoxically of a normal psychopathology of puberty, a point of view that is quite justified in as much as puberty is undoubtedly a period of disturbed equilibrium.

For a more complete understanding of puberty, however, we feel that such an account of its psychopathology should be supplemented by a more detailed study of the processes by which this disturbed equilibrium is regained. After all, in the years of maturity if development is normal, the ego will find a way of coming to terms with the increased intensity of instinct which is, during puberty, the source of so much disturbance. Puberty is a period of transition. Its difficulties are probably due not so much to the absolute intensity of the instincts as to the fact that the new instinctual demands make necessary a complete reorganization of the ego's relation not only to the instincts but to external reality as well. If the ego does not shrink from its new task, it must henceforth renounce its dependence upon the parents, assume complete responsibility for its own instincts, and accept sexual urges that had been renounced during the latency period, together with the increased responsibilities that are the inevitable consequence of these sexual urges.

If we adhere to the point of view that the essential function of the ego is integration and synthesis, then we must study the reactions of puberty not only as a period of disturbed equilibrium, but also more fundamentally as a process of transition

from the relative equilibrium of the latency period to the more permanent equilibrium of the years of maturity. We shall be interested, during this transition period, not only in the ego's attempts to defend itself against a new wave of instinct, but still more in the constructive processes of learning and adaptation that are going on silently underneath these more conspicuous manifestations of distress.

BOOK REVIEWS

THE BASIC WRITINGS OF SIGMUND FREUD. Translated and edited, with introduction by Dr. A. A. Brill. New York: The Modern Library, 1938. 977 pp.

This volume in the series of Modern Library giants is a reprint of some of the most important contributions of the founder of psychoanalysis. Its appearance is however of more significance than that of a reprint. The last footnote in A. A. Brill's comprehensive introduction to this volume reads: 'Alas! As these pages are going to the printer we have been startled by the terrible news that the Nazi holocaust has suddenly encircled Vienna and that Professor Freud and his family are virtual prisoners in the hands of civilization's greatest scourge.' The publication of the book thus coincided with Freud's abandonment of the city in which psychoanalysis was conceived, born, reared and brought up to adulthood. The twelve volumes of Freud's collected works together with many other valuable contributions to psychoanalytic literature were put under lock and key by the new masters of Austria; it is not a protective lock and key. The few copies of these works on the shelves of libraries thus automatically become a bibliographical rarity. The present day chieftains of German civilization are by far more thorough than their forerunners. There is no enlightened Prince William von Jülich-Cleve-Berg in the Germany of today. Prince William protected Weyer and saved his writing for posterity. One wonders whether the future historian, looking back upon the destruction of the Alexandrian library, will not compare it favorably with the destruction of cultural values by the self-appointed wizards of the Aryan torch of today; or perhaps it will be the happy lot of the descendants of these very wizards to restore the lost remnants of the conflagration just as the descendants of the Alexandrian invaders brought back to Europe six centuries later the long lost Aristotle.

Under the circumstances one cannot escape being keenly aware of the contrast between the events in Vienna and the contempo-

aneous appearance in the United States of one thousand pages of Freud's writings, well prefaced, well printed, well bound, and within the reach of all. While it is true that our civilization has not unlearned to kill (we have not even unlearned the business of torturing people and of burning books), yet we do appear to have learned to insure ourselves against the total obscurantism and stifling of ideas which marked the loss of the writings of the classical philosophers, physicians and scientists. The works of Freud, though burned and otherwise destroyed in his homeland, are not lost. They are not only preserved on the shelves of some libraries but what Freud has said becomes more democratized and is offered to an even wider circle of readers. The Monte Casino and Salerno of today are not secluded oases for refugees from Rome and Alexandria but the literary street corners as it were of New York, Paris and London, the thoroughfares of book printing, book selling, and book reading. These contrasts of modern life are not a little consoling: Cassiodoros had to live on Monte Casino in solitude with but a very few books he had rescued; Freud lives within reach of the Library of the British Museum and his basic writings are being sold for one dollar and twenty-five cents. There seems to be good reason to repeat, with all of Galileo's anguish but without his cringing apology: *epur si muove*.

It is nearly half a century since Freud began the formulation of the fundamental problems of man's instinctual life. Brill's excellent introduction traces the story of psychoanalysis from its beginnings; he demonstrates to the general reader the earnestness of scientific endeavor which is so characteristic of the whole development of Freud as a clinician and scientific thinker. The story of this development is well known but it bears repetition for the general reader whom the Modern Library has in mind; even the sympathetic reader, is inclined to believe that psychoanalysis is an *idea*, a clever set of thoughts, cleverly arrived at and cleverly formulated. The wealth of empirical data contained in this volume should prove a revelation to a number of skeptics as well as to the greater number of uninitiated sympathizers.

The volume contains the full texts of *The Psychopathology of Everyday Life*, *The Interpretation of Dreams*, *Three Contributions to the Theory of Sex*, *Wit and its Relation to the Unconscious*, *Totem and Taboo*, *The History of the Psychoanalytic*

Movement. Because Freud's short history concludes the volume, one would wish that Brill had followed up the story of psychoanalysis since 1914 in greater detail. It would have been worth while to emphasize the broadening of the field of psychoanalytic investigation to embrace sociology, criminology, religious problems and art. One wishes, too, that it had been possible to include in this volume such works as *The Future of an Illusion* or *Civilization and its Discontents* instead of *The Interpretation of Dreams*. The latter is undoubtedly the most important contribution of Freud but it is too crowded with specialized details to be properly assimilated by the general reader.

G. Z.

LA MÉTHODE PSYCHANALYTIQUE ET LA DOCTRINE FREUDIENNE. (The Psychoanalytic Method and the Freudian Doctrine.) By Roland Dalbiez. Paris: Desclée de Brouwer & Cie., 1936. 2 vols., 649 and 513 pp.

The appearance of these two volumes by Roland Dalbiez is a landmark in the history of psychoanalysis and for more than one reason. We are given for the first time a free, unprejudiced, work which seeks to render justice to the genius of Freud. Heretofore we have had principally the writings of devoted pupils of Freud who, from docility or lack of originality, contented themselves with developing his points of view, adding only here and there an original note. Others created their own systems and schools. On the other hand, impassioned adversaries have attacked Freud without taking the trouble to read his complete works and, blinded by their prejudices, have refused to undergo analysis. Dalbiez is neither an orthodox freudian nor a prejudiced critic. He is fully acquainted with his subject and has read carefully all the writings of Freud and of many disciples and opponents. He has been psychoanalyzed and is now a psychoanalytic therapist. Mr. Dalbiez is neither a physician nor a scientist by profession but came to psychoanalysis by way of philosophy. His approach heightens the interest of the study; we are given the point of view of a neo-Thomistic, rationalistic philosopher who examines the methods and system of Freud with impartiality, freedom of spirit, and clarity of vision. Mr. Dalbiez' work is highly successful; it shows real comprehension and appreciation of Freud's theories. Though he may criticize the doctrinal and philosophical aspects of the freudian system, he

admires the originality and the ingeniousness of a method of examining the psyche by which man may gain new insight into the complexity of the mind.

The opus comprises two volumes. In the first the author describes the method, theories and discoveries of Freud. The second volume is devoted to a discussion of them.

Mr. Dalbiez examines the different subject matters which Freud undertook to analyze. He begins with The Psychopathology of Everyday Life (errors, *lapsus, linguae et calami*, forgetting). He subdivides these into three groups: the symptomatic act characterized by absence of repression, a unique psychic force; the perturbed act, a sort of compromise between an unconscious and a conscious repression; the inhibited act in which the same mechanism results in the suppression of the act. Mr. Dalbiez then proceeds to the study of the dream to which he devotes a great part of his book. He illustrates the freudian ideas with many examples, some of which he borrows from Frink. Successively the author describes the theories of the predecessors of Freud and the freudian method of dream analysis, the dynamisms, the principal elements and the mechanisms of the dream (condensation, displacement, dramatization, secondary elaboration, symbolization). Of these we will mention only the following interesting points. In a dream (as in perturbed and inhibited acts) there is always a repression of the relationship between the manifest and the latent contents. The dream is a 'dereistic language'; it expresses ideas psychically, whereas language expresses them vocally. Mr. Dalbiez makes here a very interesting distinction between the concepts of knowing and expressing. Knowledge is the psycho-philosophical relation between a subject and an object; it is the highest manifestation of psychic activity; it attaches itself to an object; it is realistic. Expression translates materially or psychically a known object. The sign of a thing is mostly material, perceptible; knowledge is immaterial. Mr. Dalbiez also distinguishes sign from symbol. The latter is always concrete and general, constant in all individuals. These characteristics differentiate symbolization from dramatization.

The third chapter is devoted to the theory of sexuality. Here Mr. Dalbiez is content to follow the teachings of Professor Freud but he introduces more originality in the following chapters. He studies first the general theories of the neuroses and compares the psychoanalytic point of view with the conceptions of other schools

of psychiatry. The comparison of Freud with Janet is particularly interesting. Whereas the former calls attention to the factor of conflict between two or more drives, Janet emphasizes the weakness of these forces, the diminishing of the 'psychic tension'. This concept is more mechanistic and static than Freud's. Mr. Dalbiez takes note of the contribution of Babinski but points out that his idea of 'pithiatism' is much too narrow and does not account for the affective, unconscious and dynamic structure of the neuroses. He makes a reasonable distinction between the 'content of the neuroses' and their psychogenesis. Even if a disorder is due to neurological-material factors (and there is always a material microscopic, if not macroscopic, basis for neuroses and psychoses), this fact does not exclude the existence of a psychic specific content which psychoanalysis reveals and explains. A last point which we will stress is the distinction that Mr. Dalbiez makes between a 'historic' and a 'scientific' discipline and explanation of facts. The first takes into consideration that an event, a phenomenon, is individual, concrete, and issues from another concrete and individual phenomenon; that such a series of events is irreversible and specific in itself. The scientific explanation is derived from the general laws of the phenomenon. Both approaches are legitimate and correct in every science, because everywhere we meet with individual particular facts.

The last chapters of the first volume deal with the psychoses (Mr. Dalbiez speaks at too great length about the theory of Clérambaut in regard to the mental automatisms), the sublimation in art, morality and religion, and the schematic structure of the psychic apparatus.

As we have already said, the second volume is more original, but also more open to criticism than the first. Here Mr. Dalbiez offers his own theories about the psychic work and functions, sexuality, neuroses and psychoses, and higher mental activity.

In the first chapter of the second volume the author describes the different forms of consciousness and unconsciousness and compares his theory with that of Freud. He rejects pure and unmitigated idealism, inclining rather to a realistic point of view. He affirms the unconscious functions, among which he names the innate cognitive and affective tendencies and the modifications of these, the exteroceptive perceptions. Other mental operations are partially or totally conscious. We can accept neither the classification of Mr. Dalbiez, who groups will with the higher affective

tendencies, nor the theory of the existence of exteroceptive unconscious perceptions, nor his criticism of the theory of unconscious sensations and the premise of double personality. In the second chapter, on psychic dynamism, Mr. Dalbiez compares the discoveries of Freud with those of Pavlov. The exposition of the methods and conclusions of the Russian physiologist, interesting as it may be, is much too long and detailed. Mr. Dalbiez holds that conditioned reflexes are psychic phenomena which obey also the law of finality. The comparison of conditioned reflexes with 'dereistic' phenomena (dreams, lapses, errors, neuroses) is very instructive. But more interesting for the psychoanalyst is the third chapter: methods of examining the unconscious. The writer discusses the associative and symbolic methods and submits them to severe criticism. He considers that the bases of psychoanalytic treatment are the 'undoing of repression' which puts the unconscious facts back into the living stream of the consciousness, and interpretation, which explains the unknown relationships between the latent causes and the manifest effects in our actions and thoughts. Mr. Dalbiez cites five criteria for the success of the results of the method of free association: spontaneous evocation of memories, similarity between the associated fact and the conscious element, frequency of the same association, convergence of the first criterion and the objective verification of the accuracy of the memory. We can do no better than applaud the minuteness and depth of this investigation; Mr. Dalbiez presents a real philosophy of the psychoanalytic method.

On the other hand, it is not always possible to agree with him in his severe criticism of Freud's sexology. He attacks particularly the concepts of the child as a polymorphous perverse creature and narcissism as a normal phase of sexual development. His criteria of sexuality and of the *œdipus* complex do not always seem quite adequate.

In the following chapter Mr. Dalbiez considers 'psychic morbid causality'. The freudian ideas of conflict and repression are freely accepted but he questions the etiological primacy of sexuality.

Dr. Dalbiez clearly distinguishes psychotherapy (analytic and other) from medical treatment and moralization. The distinction is somewhat artificial for, in bringing unconscious elements into the consciousness, psychoanalysis gives to the ego the faculty of freeing itself from the power of the id and of creating its destiny.

In the last chapter the author sharply criticizes Freud's concep-

tions of sublimation, philosophy, art, science, morality and religion, which he characterizes as unclear or false. He rejects particularly Freud's materialistic and deterministic point of view, his theory of religion as a collective delirium, and treats with irony his speculations on the origins of morality (the primitive horde and the murder of the father, the genesis of the superego as an introjection of parental authority). He defends the freedom of reason and of will. These arguments have some foundation but we must, from our point of view, criticize the overly dogmatic criteria of the philosopher, his intellectualism and his rigidly logical rationalistic creed. In spite of these differences, the importance of Mr. Dalbiez' great work is unquestionable. He has contributed a clear metaphysics and epistemology based on psychoanalysis, an intellectually serious analysis of the method, discoveries, and theories, of Freud, whose work can be clarified and purified only by such an examination. We must be grateful to Mr. Dalbiez for the service he has rendered to psychoanalysis, psychiatry and psychology in reëxamining such a mass of facts and theories and in submitting them *sine ira et studio* to an impartial and intelligent, minute and inclusive critique.

W. BISCHLER (GENEVA, SWITZERLAND)

RACE, SEX, AND ENVIRONMENT: A Study of Mineral Deficiency in Human Evolution. By J. R. de la H. Marett. London: Hutchinson's Scientific and Technical Publications, 1936. 342 pp.

'It is a commonplace of science that a causal connection must exist between environment and race; in other words, the theory of evolution implies habitat as being somehow bound to have exerted a formative influence on the heredity of man as on that of any other animal kind.'

Dr. Marett's book attempts to replace this *somehow* with some measure of a *how*, to pass beyond the simple juxtaposition of the two principles of race and environment by the insertion of certain hitherto neglected intermediate links, 'some of them of a physical and others of a physiological or even psychological order', into a causal chain connecting environment and race. Its general hypothesis is 'that a natural selection for an economy of various food substances', particularly with reference to mineral deficiency, here related to climate and geology, 'has played a very important

part in directing the course of human and animal evolution'. How, therefore, changes of environment affecting the mineral content of the soil and food have influenced the evolution of Man—specifically and primarily as between lime-rich soils (resulting from climatic aridity or from the nature of the parent rock), which bring about the inhibition of iodine retention and the consequent necessity for economizing iodine, and, on the other hand, lime-deficient areas (almost always humid, and with no lack of iodine), where the physiological requirement is, conversely, an economy of lime and probably of its usual associate phosphorus as well—forms the major topic of discussion of the book. Since, furthermore, it is the endocrines which control the blood concentrations of at least three of the more important minerals, namely, iodine, calcium, and sodium, and it is they, also, which 'have for some time been regarded as the points at which differences of heredity responsible for racial characteristics may be supposed to act, the "hormone theory" is reinforced by, and itself supports, the "mineral hypothesis"' of which the book is the formulation and exposition.

The many-branched line of argument which ensues lends itself to summary as little as does the enormous multiplicity of facts adduced in its support; while even a selection from among the many striking suggestions which the author puts forward must be altogether partial and random. Apart from the theory that Man may have evolved (perhaps as long ago as the Miocene) in response to the needs of iodine-economy imposed by the deficiency of the Central Asiatic limestone mountain system, an iodine deficiency believed responsible directly or indirectly for the sudden development of a big brain, an erect posture, a hairless skin, and the 'bull-dogging' of the face, together with a sudden reduction of the skeletal proportions in general, so that, by a sudden transition from the ape, early Man, ancestor for both Modern and Neanderthal Man, appeared upon the scene as a small, probably white-skinned, short-limbed, fine-boned, even achondroplastic figure, almost a pygmy—apart from this more or less central group of propositions, there is for example the suggestion of a correlation between an abundance of minerals and masculinity (via polygyny) and between a deficiency of calcium and femininity (via monogamy), also between iodine shortage and polyandry, although without claiming that all polyandry is caused by iodine shortage; the suggestion that the matrilineal family grew out of wife-sharing

(polyandry), while its monogamous character developed later as a result of an increase in the number of available women; the suggestion that 'Crawley's sexual taboo, and indeed a tendency to accept taboos in general, may have been strengthened by the evolution of a raised threshold of coyness found necessary to withstand a removal of seasonal control from the libido of the male'; the proposition that the three techniques of spiritual purification, namely, the sweat bath (North America and Siberia), emesis (Amazon, West Indies, East Africa), and bleeding (the bison area), serve to 'correct an electrolytic balance impaired by the nutritional conditions of the respective habitats in which they are found'; the ascription of the origin of myths and dreams concerning persons of double sex to an evolved infantile anxiety to distinguish, in the interests of self-preservation, between males and females; etc., etc.

There are two or three references to Freud. One such passage may be quoted in full:

'One must admit the inconclusive nature of the evidence favoring the view that an unbridled male-jealousy held sway at any time during the strictly human stage of history. Evidence to the contrary, however, is even more completely lacking, if mere *ex cathedra* statements, such as that "Man is instinctively monogamous", are neglected. As a working hypothesis it seems to me far more profitable to assume that male combat has at some time possessed survival value; and that, where it is inhibited, special circumstances of an environmental nature have been responsible for the selection of counteracting forces, these usually strengthening, and strengthened by, a social convention. In the realms of psychology Freud's evidence for the oedipus complex, if accepted, encourages a belief that at some time or other the adolescent was forced to give way before the greater strength of the adult male. Moreover, if it be admitted that the tendency towards a repressed hate is inherited, it must be also assumed that those who failed to inhibit their adolescent combativeness failed also to survive. . . . On this view, the oedipus complex is regarded as evidence of an hereditary repression of male or autosomal combativeness evolved primarily to protect the immature male. Later, however, it could perhaps be of value in checking undue hatred between group-mates, particularly between the co-husbands of the polyandrous family.'

Whatever may be thought of the author's more purely sociologi-

cal and psychological conclusions, this is a provocative work, one which raises many more questions than it answers, as the author himself has remarked.

H. A. B. (NEW YORK)

TREATMENT IN PSYCHIATRY. By Oskar Diethelm, M.D. New York: The Macmillan Company, 1936. 476 pp.

The author has attempted a comprehensive survey of treatment in psychiatry with a review of various useful approaches and recommendations for their application. The central theme is 'Psychobiology', and the author states in the preface, after giving due credit to other sources, that 'this whole book is based on the teaching and methods of treatment of Dr. Adolf Meyer'. This systematic presentation of Meyerian psychiatry is, as the author wished, the most valuable contribution of the book. He is successful in making treatment the main feature, although he has also been able to introduce sufficient psychopathology to make it a fairly comprehensive textbook on psychiatry as well. It is a book that can be profitably read by psychiatrists and medical students, and it gives references useful for the general practitioner and medical specialist.

For the analyst there is a special interest and challenge in the author's attempts throughout the book to bring about a solution of psychobiology and psychoanalysis. This is only partially successful, the result being more in the nature of an emulsion. The effort however is praiseworthy and deserves constructive criticism. As this aspect of the book is the most important for the psychoanalyst, more space will be given to it, at the risk of seeming to be biased or to neglect other interesting and valuable contributions.

That the author is concerned about the important problem of a satisfactory inclusion of psychoanalytic contributions, one gathers from the opening paragraph of the preface: 'With the development of dynamic psychiatry, the physician found it necessary to concern himself not only with the disease pattern of a case but also with the personality in which it appeared. Although a beginning has been made, much remains to be done to bring about a satisfactory union of both methods of approach. Both the teacher and the practicing physician have a tendency to stress one or the other mode of procedure. Books, too, rarely deal with the whole range of therapeutic possibilities. It would seem, therefore, that there is room for an attempt to outline clearly a theory of therapeutic

procedure which combines both points, and which regards such procedure as teachable.' Inasmuch as the chief contributions to dynamic psychiatry have been made through psychoanalysis, this would have seemed a natural place to state more clearly the author's purpose. This and other equivocal statements made in relation to psychoanalysis are apparently based on a distrust of, or lack of understanding of, its basic principles as they apply to mental phenomena. This ambivalence cannot but affect the application of psychoanalytic contributions to the book.

Thus we read on page xi of the introduction: 'One should use associative tendencies as a valuable therapeutic agency, but guard against making it the exclusive basis for every method of investigation and treatment.' If this means that one should not always employ the technique of free association in such procedures, it could be readily granted; but use of 'associative tendencies' as a basic principle of orientation to all productions and actions of the patient is a fundamental of psychoanalytic understanding, whatever the actual technique employed. That this fundamental principle of psychoanalysis is rejected, is stated in such passages as the following (p. 118): 'The primary interest is more in actual situations and actual symptoms than in the detection of unconscious attitudes and mechanisms. Although the factors of repression and also regression and resistance are accepted, they are not looked upon as the dominating principles in personality disorders. We do not analyze in order to find them, but we are willing to recognize them and deal with them when they actually appear. . . . Resistance is analyzed carefully whenever it occurs but studied and handled more on the basis of the whole personality setting than on looking for unconscious motivation. The contributions of the psychoanalytic school to all these factors are not minimized. They are, however, not used as guiding principles but as possibilities which the physician should keep in mind and be able to recognize.'

The book is divided into seventeen chapters. The first six are devoted to the exposition of treatment. This starts with a concise chapter on personality structure, and goes on to a discussion of treatment in general. The handling of treatment in the hospital is especially good. Psychoanalytic and other psychotherapeutic procedures follow, with a concluding treatment chapter explaining and illustrating with case studies the author's method—*distributive analysis and synthesis*. Besides the psychoanalytic method of

Freud, which is given a separate chapter, Dr. Diethelm summarizes the therapeutic approaches of Adler, Burrow, Kronfeld, Jung, and so on, which he considers valuable. He gives some space to the associative method of Jung with practical applications of it to a case. The author's discussion of hypnotism is particularly good, and his recommendation for a more general training in, and use of, hypnosis is sound. Its use in this country has been largely neglected because of an insufficient number of trained teachers. Dr. Diethelm's influence and teaching should go far to remedy this need.

In Chapter IV, Psychoanalytic Procedure, the author presents in the space of twenty-five pages, in a clear and well arranged form, basic psychoanalytic principles based on Freud's writings. In outlining technical procedures, he has followed Glover closely. There is no attempt to evaluate the material presented, and the reader is left to form his own opinion from a very fair and concise presentation. It is unfortunate, however, for his concept of analytic procedure described in other portions of the book, that he has not become more familiar with recent trends in this country, initiated chiefly by Rado, advocating a more active working through of analytic material, and training of the patient in the application of analytic insight by repeated performance, that is to say psychoanalytic reëducation.

The chapter, Distributive Analysis and Synthesis, with the application of this method in other portions of the book, particularly in the chapter on the psychoneuroses, is particularly welcome because it represents a comprehensive presentation of a method in general use by American psychiatrists resulting from Dr. Meyer's leadership and broad influence. The author's summary of the method at the beginning of Chapter VI is worth quoting: "This treatment, which has been proposed and outlined by A. Meyer, is the most natural approach to the correction of personality difficulties on a psychobiologic basis. The goal of the treatment is a synthesis of the various factors and strivings which will offer the patient security. In some this will be permanent, in others it may be only temporary. The material for such a synthesis is obtained by analysis of all the factors and situations which are of importance in the study of the human personality and more specifically in the pathologic reactions which bring a patient to the physician. The analysis is distributed by the physician along the various lines which are indicated by the

patient's complaints and symptoms, by the problems which the physician himself can recognize, by the patient's imaginations concerning the present and the past as well as by actual situations, attitude to the future and outstanding features of his personality. Every analysis should lead to synthesis, and after each consultation physician and patient should be able to formulate what has been obtained from the analysis and how it can be used constructively. The treatment is guided by the need to achieve a wholesome integration of the total personality as well as of various functions. Psychogenic and non-mental (somatic, social, etc.) factors are studied from the point of best modifiability. This treatment is an elastic and far-reaching psychotherapy, and its principles can be applied to psychotic as well as psychoneurotic and minor personality disorders.'

It is in this chapter and succeeding ones, where the method of distributive analysis and synthesis is discussed, that comparisons between the method and psychoanalysis show the emulsive character mentioned. The psychoanalyst cannot help but be disappointed that the clear exposition in parts of the book does not reflect a more complete grasp in others. This failure lies in the author's inability to understand more fully the transference situation in the physician-patient relationship. A few examples will illustrate (p. 117): 'While the relationship between physician and patient receives much attention (in distributive analysis and synthesis), it is not used as a basis for the analysis but only in order to reach a better understanding. We cannot avoid the help-seeking attitude of the patient, but this is not encouraged and we try to dissolve, from the beginning, dependence upon the physician. An actual fostering and utilization of transference in the sense of the psychoanalytic transference neurosis is considered undesirable and especially so in the definitely sexual realm.' Again, on page 119, the author states: 'The treatment should never lead to an attitude of futility. Most patients who undergo intensive analytic investigations reach a feeling of futility at one time or another. It is the physician's task to look for such reactions and, when they occur, change to a constructive discussion of assets and possibilities. . . . An exclusive relationship without contact with relatives or friends is considered dangerous. Although we agree to absolute privacy, we stress frankly to the patient the desirability of objective data.'

There is no space to discuss the chapters on the schizophrenic,

manic depressive, and organic reactions which are well done and speak for themselves. In the chapter on psychoneuroses, the reviewer feels that the author does not go far enough in the elucidation of analytic possibilities, and for this reason the treatment of such conditions as neurasthenia and hypochondriasis are better handled than hysteria and anxiety hysteria. The case reports are complete and illustrate well the author's method. The chapter on sexual difficulties would be enlightening to many psychiatrists and general medical men, and is sound except that much emphasis is put on control and too little on a more complete application of the psychoanalytic viewpoint quoted.

It is not that many of the safeguards which the author advocates are not justified for the type of therapy outlined; it is rather the failure to recognize that the transference situation is operating whether encouraged or not, just as unconscious mentation is operating whether it is looked for or not. The safeguards are actually applied chiefly to limit the depth of treatment. It is the transference relationship which is responsible for much of the synthesis which goes on in psychotherapy. In many cases the use of constructive discussion in the way recommended serves as one of the methods of applying brakes and bringing the treatment nearer the surface. Whether it actually aids the patient's synthesis, or acts as a further repression and retards it, or is neutral, depends more on unconscious than conscious processes operating at the time.

The task which Dr. Diethelm set for himself, a workable admixture of psychoanalysis for American psychiatry, is a pressing need of today. When we speak of American Psychiatry we mean essentially the psychiatry of Adolf Meyer, or psychobiology. This, with its concept of the individual as a whole and its levels of integration, has served to humanize it and place it on a sounder scientific basis as well. Any system which has a descriptive name runs the danger that this may become a fetish endowed with magical powers. Disappointment and a static and sterile condition may result. Many psychoanalysts have found that psychobiology with the added insight and approaches furnished by psychoanalysis makes an excellent working combination for direct psychotherapy. They will, therefore, rally to the challenge to assist in bringing about a 'satisfactory union of both methods of approach'. This will not be accomplished by eclecticism, however, but through application of what is scientifically sound and workable.

CLINICAL ASPECTS OF PSYCHO-ANALYSIS. By René Laforgue, M.D.
London. The Hogarth Press, 1938. 300 pp.

The author's lectures to the French Institute of Psychoanalysis are collected in this book. Special emphasis is placed upon the more technical problems of psychoanalytic treatment. Starting with the approach of the patient in the beginning of analysis, the author proceeds with an outline of the treatment by illustrating it with well chosen, instructive and detailed case histories, and ends with a description of technical details as to the proper time to finish treatment, and the like. The fundamental rule, the transformation in the patient, the problem of *active* psychoanalytic technique are discussed and an evaluation of their therapeutic effectiveness is attempted. Some chapters are devoted to the clinical aspects of special kinds of neuroses, such as frigidity in women, the 'carmelite' neurosis, the failure neurosis, and the family neurosis.

Attempts like this to develop and clarify the problems of psychoanalytic technique for the reader suffer always from the fact that medicine in general, and psychoanalysis especially, can not be learned from books. Psychoanalytic technique must be learned in supervised analysis, may be deepened in the personal communication of seminar discussions, and may only later find confirmation in books about technical questions. But such books are not written to be read by the beginner and therefore they should not be simplified as are many chapters in Laforgue's book; for instance the chapter on Positive and Negative Complexes.

MARTIN GROTJAHN (CHICAGO)

DIE BIONE (BIONS). By Wilhelm Reich, M.D. Oslo: Sexpol-Verlag, 1938.

Reich gives in this book a detailed report of his experiments, which to his way of thinking must convince the scientific world that 'bions' may be successfully produced by certain technical methods. 'Bions' are the most primitive particles of 'living' substance, and are similar to amoebæ except that they are of artificial origin. They are derived from earth, coal, grass or moss after sterilization, and may be made visible under the microscope when magnified three thousand times. They demonstrate the 'significant features of organic life'—motility, contraction and expansion,

growth and even biological fission. A flood of 'documents' photographs of the *Org-Tierchen* (org-animalcules) is presented to convince the reader of the objectivity of the method and of the truth of the result. The naïveté of the experiment, the innocence of the whole enterprise, the disproportion between the findings, their interpretation, and the conclusion, the cross-breeding of 'analytic', Marxian, materialistic and dialectic beliefs, shock the reader who remembers the time when Reich made outstanding contributions to the technique and theory of psychoanalysis.

MARTIN GROTJAHN (CHICAGO)

HEARING. ITS PSYCHOLOGY AND PHYSIOLOGY. By S. Smith Stevens and Hallowell Davis. New York: John Wiley and Sons, Inc., 1938. 489 pp.

This book is a classic of sense-organ psychology. Although technical, it is written so simply and arrestingly that it holds the reader's interest throughout. It is a beautifully condensed summary of the present status of the scientific knowledge of the subject. As Boring points out in the introduction, this status contrasts with the little that was known when a similar summary was made 75 years ago by Helmholtz. Scientific knowledge of hearing has been revolutionized in the last decade by the development of the radio tube which has made possible high degrees of electrical amplification and thereby a direct study of the minute but significant electrical effects involved. These effects give clues to the basic mechanisms. Electrical amplification has done for neurophysiology what the psychoanalytic technique has done for psychology.

The book is concerned with correlations between the physics of sound, the mechanisms of the middle and inner ears, the neurophysiology of the auditory pathways, and the individual's subjective sensory discrimination. Thus, several discriminatory reactions which we perceive as pitch, loudness, volume and density, are based upon different combinations of two and only two aspects of a tonal stimulus, namely, frequency and intensity. The book does not deal with sound as a purveyor of thought, for it is concerned with an organ and a mechanism rather than with the psychology of the individual as a whole. It is therefore not of direct interest to the psychoanalyst. It is, however, valuable to anyone interested in psychosomatic problems because it approaches the problem of the

neurophysiological basis of the intellectual and emotional life from a point of view opposite and complementary to that of the psychoanalyst, that is, from the study of a sensory mechanism from the periphery up to the cortex. The complexities of the cortex present fundamental problems which must be left to the future for solution. But such an approach leads directly to an understanding of the details of operation of the brain as a mechanism and thus to information which will some day be integrated with our understanding of the mental life and of the functioning of the organism as a unit.

LEON J. SAUL (CHICAGO)

THE ORIGIN OF LIFE. By A. I. Oparin. New York: The Macmillan Co., 1938. 252 pp.

This volume is an interesting contribution to a subject that has been highly controversial since the dawn of history. The author, Associate Director of the Biochemical Institute, U.S.S.R. Academy of Science, is in agreement with present day thought as to the origin of the earth, but as to the changes taking place during the period of cooling and the consequent states of chemical equilibrium, he differs from certain authorities. He holds that chemical reactions of reduction preceded those of oxidation and upon this premise builds a tenable theory for the eventual formation of proteins, colloids, and colloidal gels. The stepping stone to the origin of life is a concept of colloid aggregates changing their structure and 'growing' under the influence first of catalysts and later of enzymes and promoters until certain organic nuclei were differentiated which, subject to the law of survival of the fittest, could most successfully react with the environment.

The necessary chemistry is kept in the simplest terms but is adequate for an understanding of the author's thesis. The book is written in an imaginative but straightforward style and is unusually well documented with a bibliography, including a high percentage of German, French, English, and American publications.

Besides its general appeal, the book is of interest to psychoanalysis chiefly because of the review of the early theories of the origin of life. These all held that life appeared spontaneously from filth. It is interesting that the author believes that one

obstacle to more rapid progress of knowledge in this field at the present time is the unwillingness of chemists to work with mixtures or, as they are called, 'dirty substances'.

WILLIAM G. BARRETT (BOSTON)

THE LAST FIVE HOURS OF AUSTRIA. By Eugene Lennhoff. New York: Frederick A. Stokes Company, 1938. 266 pp.

This book presents a rapidly moving description of events in Austria during the hours preceding the *Anschluss*. A historical perspective is given by Frischauer in the introduction—a brilliant condensed summary of Austria's history and position in Europe, and of the development of its political parties. The last five hours are portrayed from the viewpoint of an exceptionally well informed journalist who was also an eye-witness. The accent is on the events. Psychologically, only the varying attitudes of the different groups are described and these not too clearly. The events relating to Schuschnigg however illumine the character of the man. It is to his personality, his inadequate judgment of human nature, and his lack of suspiciousness, that Frischauer and the author attribute in a large degree, Austria's loss of independence.

LEON J. SAUL (CHICAGO)

TELEPATHIE EN HELDERZIENDHEID (TELEPATHY AND CLAIRVOYANCE).

By Dr. Paul Dietz. The Hague: H. P. Leopolds Verlag, 1936. 201 pp.

This book is the first of a series with the title 'Parapsychological Library', edited by two teachers of psychology, Dietz and Tenhaeff. The second volume will be entitled 'Spiritualism'.

It must be stated in advance that, according to the author, telepathy, clairvoyance, prophecy (clairvoyance of future happenings) and retrograde *Psychoskopie* (clairvoyance of past events) are well established facts. With this book he tries to give further scientific proof of the existence of these phenomena and to offer theoretical reasons for the possibility of their existence.

Telepathy is the reception of a message by one person from another human being or even from animals, especially a dog, without the means of the sense organs. The message may reach the receiving person even in a very distant part of the globe at the very

moment of its happening, as well as some hours later. Mental transference is communication with the subjective mental life of another person.

Clairvoyance with reference to happenings of the present moment (*Hellsehen* or *lucidité*) is called *Kryptoskopie*. It consists in 'seeing' and perceiving objects in the outer world, especially writings and drawings, without the aid of the sense organs.

In a discussion of hypnosis, introduced in order to illustrate other similar ways of communication, Freud's teachings about the unconscious is mentioned; also, the hypothesis of Heymans about the collective consciousness of human beings is given some consideration. According to the latter every single person has an incomplete consciousness about the content of his mind. Under certain conditions the ego may receive messages from the unconscious part of the mind, either spontaneously or methodically through the psychoanalytic method, and in this way an enlargement of the ego occurs, or in analytic language, what was id becomes ego. The same is true about the relationship between individual souls. If all these souls are conceived as being unified into a collective mind (*Allseele*) then in an inter-personal group, or in an 'eternal cosmic all-unity', a collective ego-enlargement may occur such as the mystics believe they experience. Such belief is tempting and suggestive to many people, and remains one of the cosmic ideas in Jung's teachings. But it is not possible to support it with psychoanalytic theories, because it is their outstanding preference and safety that they do not proceed a single step without getting confirmation from the natural sciences. The unconscious psychic processes which become conscious through psychoanalysis, belong to the same brain and are related to each other in lawful order. None of this is valid, so far as *Allseele* is concerned. The latter is beyond the scope of science and belongs to the realm of religion.

In its details too, *Kryptoskopie* again presents insoluble contradictions: Mankind is not born to conceive the absolute. Whether there are 'objective' combinations of atoms, movements of electrons, material emanations, and so on, human beings can conceive them only in such form and as their sense organs and the categories of their thinking processes produce them. The world would be different if our retinas functioned differently, for instance, without differentiation of color. How then is it possible

that events in the outer world are 'seen' by *Kryptoskopie* in the same form, color and size even though one's specific optic system is not involved? I am not in a position to judge the value of proof by casual experiments, nor, especially, the scientific value of reports by laymen of former times. The mass-experiments of the Society for Psychic Research (Woolley and Ina Japhson) and the experiments by Estabrook (Harvard University) with 50,000, 17,653 and 1,660 radio listeners must not be called proof of clairvoyance.

The presentation of the rich material is clear and easy to read. The author tries to report the facts as scientifically as possible and to indicate mistakes and sources of error.

MAX LEVY-SUHL (AMSTERDAM)

OUT OF MY LIFE AND WORK. By August Forel. New York: W. W. Norton & Co., 1938. 353 pp.

August Forel, one of the outstanding members of the older generation of psychiatrists, has written the story of his life and work. It is the case history of a lonely, nearly psychotic child of a melancholic, Calvinistic mother, a child whose only friends were some ants. He became a rebellious son, but in his rebellion remained obedient to the ascetic ideals of his mother. His institution, the hospital in Burghölzi became the first modern hospital for the insane. He was the outstanding leader and one of the founders of the anti-alcoholic movement. He was a progressive Democrat and called himself a Socialist. He very courageously wrote the first book about sexual education and normal sexuality, but he could never attain to an understanding attitude towards psychoanalysis.

These memories are written by himself after suffering a stroke which he has survived for twenty years. If there were nothing in the book besides the description by a neurologist and psychiatrist of his own apoplexia, his reactions to it, and the manner of his improvement, the book would still be worth reading.

MARTIN GROTJAHN (CHICAGO)

LATER CRIMINAL CAREERS. By Sheldon and Eleanor Glueck. New York: The Commonwealth Fund, 1937. 403 pp.

The original study, 500 Criminal Careers, was of five hundred and one inmates of the Massachusetts Reformatory for Men. Four hundred fifty-four were still living at the beginning of this

second five-year follow-up investigation. The method utilized in this second pursuit is essentially the same as reported in Chapter V of *500 Criminal Careers*, and in Appendix A of *500 Delinquent Women*. Although the detail of the methodology of the present investigation is given only in relation to additions to or departures from the before-mentioned works, the complexity of the study and the evolutionary alignment of the authors' technique are somewhat indicated by the fact that 182 pages are allocated to appendices.

Twelve cases illustrative of reformation and non-reformation are cited and acknowledged to be mere sketches of some of the personality and behavior types that have entered into the more abstract statistical discussion. They are given toward the end of the book rather than earlier lest 'the reader might have gained a somewhat distorted impression of the underlying causes for reformation and recidivism, perhaps attributing them to factors which, in the statistical analysis, have been revealed as not of basic significance when the group is taken as a whole'. The authors quite properly conclude that they have presented 'only a segment, albeit a large one, of the life cycle of a group of offenders'. They contemplate further and necessary follow-up investigations and for the entire field of criminology would like to have undertaken careful investigations into the traits of 'problem children' and 'predelinquents', correlated with their subsequent evolution into criminals or non-criminals.

Once definitions have been made and the method agreed upon, it would seem that any statistical study could proceed, if closely watched, with distinction to all. Such is the false notion of the uninitiated and this specious fact the experienced Gluecks call attention to for 'the materials of the first study were not in the best possible form for comparative purposes'. It may be then that the tolerance for the statistical method, strictly adhered to in order that it be not permitted to run away with itself and thus viewed with apprehensive regret, will be extended to other techniques less amenable to control and enslaved to evolutionary evaluation.

This volume may well be, from a statistical point of view, the basis for improving the correctional policies and practices currently practiced. It has, however, a far greater value in that again and again it raises blunt questions, heretofore regarded

as noisome but now made valid and provocative. And unless there be supplementary studies done soon, studies in which penetrating analyses of the emotional life of both the offending and the offended may be made, it is more than likely that these problems elevated to the rank of blunt question will again revert to noisomeness and troublesome abeyances.

The Gluecks, more guarded than those they have studied, conclude in this book that sentencing and paroling practices that convey the impression that an absolutely unique prescription for each offender's ills is provided, are mainly illusory. And too that if prediction tables which cover each of the major forms of existing peno-correctional practice should demonstrate that none of the current methods produce sufficiently satisfactory results for certain types of offenders, other correctional means then will have to be developed and experimentally applied. (Ten pages earlier it is stated that the findings 'already suggest that mental hygiene and psychiatric services should be of value not only in the pre-Reformatory and Reformatory stages of criminal careers, but in the subsequent periods'. They assert too that in many cases it is obvious that 'the natural tendency to improvement of conduct that comes with advancing age needs to be released or facilitated by the skill of the psychiatrist, so that the benign influence of aging on reformation may proceed with as little obstruction as possible'.) Theirs is a manifest satisfaction when particularly deferential and challenging to others. Referring to one question out of several fundamental ones that arose from the analysis of the data of their research, and calling attention later to a diagram presented in 1917 by Dr. Bernard Glueck, they leave it thus: 'one for wide-flung exploration by the biologist, psychologist and psychiatrist'.

Considerable emphasis is given to the factor of aging as a significant explanation to be found for the increasing trend away from criminal conduct in those cases in which some kind of reformation occurred. They found that the most marked difference between the reformed and the unreformed lies in the factor of mental or emotional difficulties. From the material thus statistically presented they concluded that the factors found to be most highly predictive of outcomes during the ten year span were pre-Reformatory work habits, assumption of economic responsibilities, age at first known delinquency, arrests prior to

the one for which the men had been committed to the Reformatory, and the presence or absence of mental abnormalities (disease or distortion).

The authors are impressed by the need for the indeterminate sentence, the need for development and application of artificial substitutes at the hands of educators, psychologists and correctional workers whereby favorable maturation would be assured, and the great need for unification of the indeterminate-sentence machinery. Time and its passing can be soothing if not truly healing and so too the authors found from their research that the passage of time does much to distinguish the reformed from those who continue to commit crimes. To those who would attack crime at the root they ask their greatest question: 'Can we discover socially harmless substitutes for crime?' Whether society at large would accept such a discovery or want it applied to itself when discovered they judiciously pass by.

Their regard for factors numerically arranged and statistically recorded is most high and even when thus fortified they are indeed cautious to such an extent that their speculations are tempered by discernible impatience to be off again in pursuit of the tormentors and the tormented.

If one will accept the obvious sincerity of the authors and their apparent objectivity and not be aggravated by the isolation and limitation implied by their methods of research one will find in this book innumerable leads upon which future studies could be made and upon which the revision and improvement of policies and practices in penology should depend.

H. E. CHAMBERLAIN (SACRAMENTO)

BEHAVIORISM AT TWENTY-FIVE. By A. A. Roback. Cambridge, Mass.: Sci-Art Publishers, 1937. 256 pp.

In this book the author sets out to evaluate the accomplishments of the behavioristic approach to psychological problems over a period of twenty-five years.

Every psychological system, as any other discipline of science, has to be evaluated from the point of view of: (1) Its method of investigation. (2) The data obtained and obtainable with that method of investigation. (3) Working concepts and hypotheses. The author states correctly that behaviorism, which was originated by J. B. Watson, has not developed a working method comparable

in originality and scope to the study of 'conditioning' in reflexology or to the method of 'free association' in psychoanalysis. On the other hand, in the reviewer's opinion, behaviorism has emphasized the objective and observable aspects of phenomena connected with the 'psychological'. The study of these in single organs, for example contractions of the stomach in the state of hunger, as well as in several organs and in the whole organism, that is, vegetative and behavioral changes in 'affective states', is a significant and a necessary mode of approach to pertinent problems. It is an important and useful task to define such concepts as fear, rage and love, in terms of observable behavior, and not only in terms of subjective experience.

Behaviorism as a method has its great limitations in that it excludes a wealth of important data not accessible to direct observation. The most vulnerable parts of any discipline are its working concepts and hypotheses. With special emphasis on certain methods of approach and therefore on certain types of data, the conceptual emphasis in a certain direction is already given. Other types of data are then often discarded and the concepts, working hypotheses and the total picture of function drawn polemically exclude the conceptual implications of the discarded data. Behaviorism erred particularly severely on this score.

As previously stated problems of this type are very important and the comparison of various psychological disciplines is a vital task. Unfortunately the author of the book does not go about this task in a commendable way. His book is a broadside against behaviorism written largely in a querulous and personal manner, and lacks clear definitions, clear statement of problems and clear analysis. One agrees with the author's critique of such behavioristic formulations as reducing thought to 'inner speech', contractions of the muscles of the chest and throat. Likewise, the author recognizes the importance of 'objective psychology . . . , and its methods . . . as complements to subjective or introspective psychology'; but in the discussion of the experimental technique his sole concern is to prove that J. B. Watson has not contributed very much to it. Thus the author comes essentially to the conclusion that behaviorism accomplished nothing of value in twenty-five years. One wonders why anybody with the author's background should go to the trouble of writing a book on such a basis. The reviewer is inclined to agree with him that, aside from its stimu-

lating effect in calling attention to vital psychological problems, the most valuable part of the book is its bibliography.

The author states in the preface: 'If I have become a convert to a doctrine that seemed at first far-fetched and fantastic, it is to the fundamental tenets of psychoanalysis, which, if it does not adhere to the rigid canons of logical thinking, operates in the sphere of the unconscious (neurosis, dreams, lapses) where reason is conspicuously absent (duality, conflict, ambivalence). Unlike psychoanalysis, behaviorism makes pretensions to dealing with observable and tangible facts open to experimental analysis and productive of practical results. In that domain, it has been wanting, . . .' In the chapter, Historical Introduction, the author gives a short account of his own outlook and presents views on instinct and constitution far more rigid than psychoanalytic working concepts or even than MacDougall's present formulations.

One would have wished rather for a critique of behaviorism in a different vein, for a comparative study with the analytic method and the type of data obtainable by it. It would have been of interest to know, further, which of the analytic constructions have been or might be experimentally verified (hypnotic experiments or Levy's experiments with puppies and chicks). Psychoanalysis as a therapeutic procedure, of course, can not be equaled by any of the other systems of psychology. As a method it obtains data that cannot be obtained by other systems of psychology. It may have the advantage over other systems because its constructions are based on data revealing more central and fundamental aspects of human activity, but it unquestionably can profit from a careful comparative scrutiny of the methods, data and attempts at formulation of other systems of psychology.

BELA MITTELMANN (NEW YORK)

BABY'S POINT OF VIEW. By E. Joyce Partridge. New York: Oxford University Press, 1937. 94 pp.

This little book touches on a field that is rich in promise for the analyst and psychiatrist, namely the manifestations of instinctual needs in the beginning of life, how they are satisfied, and the effect of frustration on the development of the personality. Dr. Partridge attempts to deduce from adult memories and from analytic material what she calls 'Baby's Point of View'. However, knowing what we do about memory distortion as a defense

mechanism of the ego, and also knowing something of forebrain development in the young infant, we would hesitate to recommend this method as a means of exploring that much neglected period of life.

A great deal of sound intuitive knowledge is expressed in this book and it should be put into the hands of mothers and nurses who perhaps vaguely know these facts but need to have them emphasized by a medical authority in order to avoid the confusion of thought caused by highly emotional coloring in the mother-child relationship. Two extremely important points are well brought out: the fact that a young baby cries because of fear and should be loved and soothed rather than left alone or treated as if it were 'bad'; and second, the observation that a sense of achievement is needed by the small infant or in other words that the successful use of its functions facilitates development and gives a sense of security. If mothers could be convinced of the effectiveness of these two antidotes to infant anxiety surely much would be accomplished for prophylaxis.

The analyst must be tantalized by such a book because there is such a need for actual facts about the beginnings of ego development derived from clinical observation and about the types of reaction possible to the frustrated baby in the precerebrate stages of ontogenetic development. We hope that Dr. Partridge will plunge into the biogenetic study of such problems and bring further contributions to this field of knowledge.

MARGARETHE A. RIBBLE (NEW YORK)

IN THE NAME OF COMMON SENSE. *Worry and Its Control.* By Matthew N. Chappell, Ph.D. New York: The Macmillan Company, 1938. 192 pp.

One undertakes with distaste the reading and appraisal of this uninformed, confused, and often insincere book which essays the double task of presenting a popular exposition of a 'common sense' psychology of the neuroses, and of their mass treatment. This popular work ostensibly addressing itself directly to the neurotic patient, with its psychological explanations and therapeutic suggestions, deserves notice because of the harm it may cause by its misleading information and quack panaceas. But the reviewer doubts whether this book has the potentiality of doing either harm or good. Despite all the author's promises for prompt cures, it

is unlikely that sufferers will be lulled into false security or will defer necessary treatment. The author, partly through his ignorance of clinical data, and partly through a neurotically determined avoidance of emotionally significant psychological facts, manages to omit in his discussion all issues of vital importance to the patient. This omission would effectively estrange the sufferer, already stung by the derisive taunts of 'expert worrier', 'proficient and accomplished worrier' with which he is addressed throughout the book. In these taunts one recognizes the helpless rage of the would-be psychotherapist directed against the patient.

Unable to cope with the problem of the neuroses, either on the theoretical or clinical planes, the author is obliged virtually to deny any specific psychological content to neurotic symptoms. No attempt is made to relate them dynamically to the patient's life experiences or to discover in them any compensatory or other adaptive function. Neither does the form or constellation of the symptoms matter.

A naïve, crudely mechanistic explanation of every symptom considered is offered. For example, to explain phobias it is stated that through the accidental association of a 'real' fear, or other heightened emotional state with excessive 'noise,' an intensified fear is experienced. This fear is thus 'learned' and through 'practice' becomes a morbid fear or 'worry'. Thus the financially failing business man, who had just almost killed a child with his automobile, develops a phobia about traveling in subways because the subway noise had intensified his anxiety. 'Practice' did the rest. This accidental association of a fright with the loud subway noise also explains his not returning home to his wife after the experience, his fear of leaving his house for work, and the attacks of intense anxiety in which 'accomplished worrier C' would shake and tremble. His experiences and behavior previous to this 'coincidence' are considered of insufficient importance to report. Initial assurance is given in this, as in every other case presented, that family and marital adjustments are adequate and without bearing on the development of the phobia. Incidentally all the 'accomplished worriers' whose cases he presents are very sick people, although the book addresses itself only to 'normal' people.

Just as easily as all these bad habits are 'learned' so can they be 'forgotten', if Chappell's unlearning exercises are followed. Just as easily as a tank can be filled up and drained off, so can a

man learn and forget anything and everything. This can be done readily, in a matter of days or weeks, and with sure curative results, Chappell promises. The 'forgetting' practice advised is simple, and it is as unspecific as are the geneses and motivations of the symptoms. One must simply correct the 'conversational environment' by avoiding all talk about one's anxieties and correct the 'ideational environment' by substituting 'ideas of a pleasant or neutral tone' for one's 'unpleasant ideas', the latter persisting merely because 'unpleasant ideas' are linked associationally (p. 58). How to do it? Simple! Practice this 'substitution' through learning the associational technique and applying it to reminiscing about 'a period of life . . . in which you had the best time', viz., (You guessed it!) the period of happy, innocent childhood. Thereupon, in giving a sample drill, he launches into a beautiful fantasy of the good old days when the hypothetical patient, at the age of five, stole lettuce out of his napping grandpa's garden, and was afterwards caught and 'spanked with a broad paddle that wouldn't hurt anyone' (p. 65).

The latter is one of the more innocent examples of the return of the author's repressed. His anxieties account for more serious consequences in his complete denial of all motivation, not only of neurotic anxiety, but even in what is ordinarily considered normal instinctual behavior. Thus, in discussing *The Nature of Love* he concludes that this love business 'like spinach, is highly overrated'. Love originates in the response the baby gets when his belly is stroked. 'Sex is not fundamental to it' (p. 170). Courtship starts as an imitation of what one has read in the *True Love Story Magazine*. The 'lover', presumably devoid of desire, after a repetition of lover-like manœuvres, and particularly after articulating his love speeches, suddenly finds himself a victim of his 'practicing'. He is now in 'blissful anguish', and marriage follows. It is interesting to note that after cautioning the patient repeatedly against deliberate, effortful 'trying' to overcome other difficulties, the author then sternly advises 'restraint', and freely prescribes sexual abstinence and continence for sexual disturbances. When the more frankly erotic sphere is touched upon, a baldly moralistic and castrative attitude towards the patient crops out. For example, to cure the impotent bridegroom he bids him abstain sexually from his bride for two weeks.

We learn that the 'worrier's' marital unhappiness does not stem

from any serious interpersonal conflicts between husband and wife, from any sexual maladjustment, nor from any genital dysfunction. No! It all typically starts with a husband suffering humiliation and loss of security in his environment 'external to the home'. The irritability he brings into the home is 'practiced', good resolutions made prior to marriage are 'forgotten' through 'lack of practice', and inevitably, unhappiness results. The remedy is the 'practice' of good and tolerant thoughts by the spouses. This is best done by making a written list of misdemeanors and reading it twice a day. In the 'practice' of good and devoted thoughts one 'forgets' one's irritability, boredom and unhappiness. 'Devotion should be expressed in words at least once a day . . . regardless of how one feels. The less one feels like it, the more one needs practice. His "feelings" in no way prevent the learning. So with maintaining love: it matters not at all how one feels like practicing. The practice alone is important' (p. 185).

One will have gathered from the above the theoretical basis of this 'psychopathology' and therapy. It is a crude, bastard mixture of Watsonian behaviorism, Pavlov physiology, Wundtian sensation psychology, and an ignorant adaptation of a smattering of psychoanalysis, notwithstanding vicious attacks on the latter. The therapy is attempted along the lines of suggestion, apparently on the cynical supposition that the slogans of his 'science', true or false, can do as prettily as any other, if forcefully enough expressed. 'Insight' into the patient, declared to be of fundamental therapeutic value, is given simply by an exposition of the well-known cat experiment of Cannon, of Pavlov's gastrostomized dog, and of Watson's noise-startled baby. Feeling and thinking are explained as fortuitous neuromuscular discharge phenomena without any important adaptive function. Granting that most of human behavior is 'learned' one would never suspect that behavior patterns are ever more complicated or richer in content than the salivating parotid glands of Pavlov's dogs or the frightened cat's spastic pylorus. It is apparently necessary for Chappell to reduce his clinical material to this simple reflex pattern in a vain attempt to comprehend it himself; then passing this 'insight' on beneficently to an anxiety ridden world, he expects to cure the 'worry of civilization'! (p. 3)

I doubt that this quasi-psychological hodgepodge can have any effect that need concern us—the enthusiastic recommendation of

its message by four former presidents of the American Psychological Association to the contrary notwithstanding.

SAMUEL ATKIN (NEW YORK)

SAFEGUARDING MENTAL HEALTH. By Raphael C. McCarthy, S.J., Ph.D. New York, Milwaukee, Chicago: The Bruce Publishing Co., 1937. 297 pp.

Books on mental hygiene and allied subjects, the individual's adjustment and relationship to society, are being written for the lay public by specialists in various fields such as sociologists, pedagogues, professors of mathematics, psychologists, social workers, and psychiatrists. One naturally seeks the common ground held and the particular points of view stressed by the various authorities.

It was therefore with interest that the reviewer began reading this book which has gone through three printings since 1937. The author states that the book is written for the average reader who has an interest in the subject of mental health but who lacks formal training in psychology and psychiatry. He further states that it is hoped that the pages may be of some small help to parents and teachers and others who are entrusted with the training of children and may even aid adults in preserving their own mental health.

A work of this nature, from the pen of an eminent churchman who at the same time is the president of a Catholic university, will attract the attention of the psychiatrist and of those associated with the various aspects of mental hygiene. How is mental hygiene interpreted, what particular religious point of view is presented, how is the average untrained reader encouraged to face frankly his responsibilities in the problems of adjustment? These are some of the questions that immediately loom up in the reviewer's mind.

The first six chapters, particularly *The Meaning of Mental Hygiene*, *The Rôle of Heredity and Environment*, *Training of Children for Failure*, *Adjustment of Parent and Child*, and *Mental Hygiene and the School*, are very readable and should capture the interest of the average reader. The material is informative and the advice offered is wholesome in the main. However, the reviewer felt that much more nourishing information was needed

and that perhaps it would follow in the succeeding chapters. The origin of conflicts, the specific details of adjustment between parent and child, the vicissitudes of the emotional development, the rôle of the instinctual drives, do not receive the attention they deserve.

The author does go into great detail in the chapter, Religion and Mental Health. He describes the specific value for mental health to be derived from a sincere religious conviction which seems to represent the churchman's particular coloring of the meaning of mental hygiene. The author finds it necessary to fight a strawman. A considerable part of the chapter is devoted to a discussion of the assertion 'that for some time past it has been the vogue in certain quarters to maintain that religion is responsible for a great many nervous diseases and both theoretical and practical arguments are advanced in favor of this contention'. The reviewer knows of no reputed psychiatric or mental hygiene authorities who are the sources of such a contention; particularly when one considers the form in which the author presents this contention. Such a discussion might serve to confuse the average reader and prejudice him against psychiatrists.

In the chapters on The Bogey of Fear and Fear of Oneself, the reviewer again finds that the discussion is extremely general. The explanation of the origin of fear in the cases cited is too facile and is placed on a purely intellectual basis, leaving out the part played by the more basic emotional conflicts. Rather than give comfort to one suffering from a neurosis, the sufferer would get a feeling of helplessness and hopelessness. The hysteric is considered as a person of weak will; hysteria is spoken of as the expedient of weaklings. Only infrequently does the author mention the psychiatrist as the physician who can help the neurotic or his perplexed parents; more frequent mention is made of the psychologist.

There are a number of other points the reviewer will just refer to as the author's misconception of the rôle of repression and sex when he makes brief mention of psychoanalysis. In discussion he often glibly leads from behavior disorders to psychotic end results, somewhat in the form of a threat, as 'the paralyzing effect of fear may lead to dementia'. This will more likely frighten the reader than give him enlightenment. The attitude towards the neurotic appears to be rather harsh: the burden is mainly thrown on the sufferer and his will power. This is exemplified

in the chapter on The Worth of Will Power. Little aid is offered here to the one in difficulty or to the parents of children displaying behavior problems. The concept of motivation in behavior is overshadowed by the stress placed on the will power.

Clinical illustrations are sparsely employed, the author preferring to use more general illustrations particularly from the field of athletics. Paraphrasing the author's method of illustrations, the reviewer feels that the author is perhaps 'pulling his punches'. More basic and detailed information is needed to offer help and insight to the average reader. Such important matters as the objective attitude towards the child's sexual development, sex information and allied topics which the average reader honestly seeks are hardly mentioned. It is surprising not to find mention of the aid parents can obtain from guidance clinics and social service organizations working in the child guidance field.

I. T. BROADWIN (NEW YORK)

A CHALLENGE TO SEX CENSORS. By Theodore Schroeder. New York: Privately Printed, 1938. 149 pp.

This is a prospectus for a projected larger work for which the author seeks a publisher. It is the latest of a long series of his writings. In this he attempts to explain the psychology of sex censors by the use of freudian concepts. He cites interesting parallels between the attitudes of witch hunters and of sex censors. He stresses the psychology of the 'split personality' which to him seems to cover the attempted solution of inner conflicts through reversals and projection. Over and over he hammers at the point that obscenity exists only in the mind of the reader or viewer. He raises the legal point that the law nowhere can define obscenity (since it does not objectively exist) and on this basis he questions the constitutionality of censorship.

The book is adequately written. It is completely one sided in its argument. The author impugns the unconscious motivations of all who disagree with him in his thesis. Judges, ministers, politicians, educators, mental hygiene leaders, all feel the sting of his invective. He gives short shrift to the possibility of any realistic difference of opinion.

There can be little question as to the validity of many of his statements. Despite this his conclusions are open to serious doubts.

The old conflict between freedom for the individual and protection for the group is raised here as it is in the case of the control of any inner drive.

The author claims that society's false attitude toward sexual matters is the main cause of maladjustments of the individual. The matter is certainly not as simple as that. In addition there is growing evidence that some control over the external sexual stimuli to which children are exposed may be desirable at certain phases of development.

Silly and inconsistent as the concept and application of the present controlling laws may seem, no other practical solution of the problem has as yet evolved. The unconscious motivation of these laws cannot be used as an argument for or against their realistic value or lack of value.

RICHARD LIONEL FRANK (NEW YORK)

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| H. CORIAT: | Current Trends in Psychoanalysis. |
| C. P. OBERNDORF: | Psychoanalysis of Married Couples. |
| IVES HENDRICK: | 'The Ego and the Defense Mechanisms': A Review and Discussion. |

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CULTURE AND PERSONALITY. 1938 SECTION MEETING.

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| FRANZ ALEXANDER, CHAIRMAN: | A Tentative Analysis of the Variables in Personality Development. |
| GREGORY ZILBOORG: | Critique. |
| H. S. SULLIVAN: | Language Factors. |
| WILLIAM HEALY: | Family Attitudes. |

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| EDITH WEIGERT-VOWINKEL: | The Cult and Mythology of the Magna Mater from the Standpoint of Psychoanalysis. |

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| S. KAHN: | To Be or Not To Be Analyzed: That is the Question. |

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NOTES

PSYCHOSOMATIC MEDICINE has a special interest for psychoanalysts. Probably no analysis is carried to conclusion without the appearance of some somatic symptomatology. Psychoanalysis being the most precise method of psychological investigation, we know that it is unconscious not conscious processes that are the most closely related to symptomatology in the physical sphere. Some psychoanalysts are giving special attention to this problem, and there is a tendency to become less precise and less scientific in attitude than when remaining strictly within their own sphere. When a physiologist publishes an article in which he includes some psychological observations, if his physiological method is precise, we can accept his psychological observations as potential clues and forgive a lack of precision; but when a physician publishes an article as a psychoanalyst, and because of the attempt to combine physiological and psychological observations, loses precision in his own methodology, that is unfortunate. With a few noteworthy exceptions, the contributions of psychoanalysis to psychosomatic medicine are to be found in the classical psychoanalytic literature, beginning with Freud and Ferenczi, rather than in articles purporting to be psychosomatic studies; yet psychoanalysis does have a contribution to make both to problems of general management in medical practice, and to problems of organic disease itself. The contribution of psychiatry to the former is being increasingly recognized. For example, Chester Jones and his associates, who have given a detailed review of the literature of gastro-intestinal diseases of the last two years (*Gastroenterology: A Review of the Literature from January 1937 to June 1938*, Archives of Internal Medicine, October, 1938) write: 'It is of interest that more and more scrutiny is being directed towards the relationship between the central nervous system and the autonomic nervous system and the digestive tract. The importance of the psyche in its influence on the digestive tract is being more clearly and logically presented.' In spite of this statement, however, they cover the psychiatric contribution to this field incompletely and omit entirely contributions from psychoanalysis. A month previously Scupham, de Takáts, Van Dellen, and Beck presented the literature relative to Vascular Diseases in a similar way (Archives of Internal Medicine, September, 1938). Although it is noted that sympathin and epinephrine may be a factor in the vascular spasm which is fundamental to hypertension, and that both are discharged into the blood stream with emotional excitement as well as with 'hypoglycemia, cold, pain and vigorous muscular activity', no further attention is paid to emotional factors. In the Bulletin of the New York Academy of Medicine for November 1938, there appears an address delivered by Harold J. Stewart at Cornell University Medical College under the auspices of the New York Heart Association, endorsed by the New York Academy of Medicine, on the subject 'The Management of Hypertension' which contains the following statement: 'I trust also that I have encouraged the point of view of looking upon and of treating the

individual as a whole, with attention directed to the "tension" side and to the psychiatric approach; for symptomatic relief can be given to hypertensives by understanding them and treating them as individuals rather than as just "cases" of hypertension to be treated by drugs which prove of little benefit. . . . Marked improvement in symptoms and in the outlook of the patients is reported to result from this form of therapy and two thirds of them have shown a fall in blood pressure.' It is significant that to date articles with special reference to the psychosomatic problems published by analysts have dealt in the main with cardiovascular disease, accidents, gastro-intestinal disorders, diabetes, allergies together with some respiratory disorders, all of which rank among the ten major causes of death or disability today. Certain genito-urinary and gynecological disturbances have of course also received attention. There is evidence that illness in which the psychological component is of primary importance diagnostically and therapeutically, are assuming increasing importance in medicine whether because of actual increase or because of better management of epidemics and the acute infections. These are all of them illnesses with a marked tendency to become chronic and in general rank as high cost illnesses. The place of psychoanalysis in present-day medicine demands an increased awareness of psychosomatic problems, as was pointed out recently by Ernest Jones in an article in the *British Medical Journal* (June 1938) entitled, *The Unconscious Mind and Medical Practice*. The New York Psychoanalytic Institute has taken cognizance of the need by including in its teaching program a course on the psychoanalytic approach to organic disease, probably the only course with this title given in any Psychoanalytic Institute. It is interesting to note that C. van der Heide of Amsterdam is reading on this subject at the University Psychiatric Clinic. Karin Stephen in a book entitled '*Psychoanalysis and Medicine, A Study of the Wish to Fall Ill*', published in 1933, reprinted in 1935, as Ernest Jones writes in the Preface, 'essays the difficult task of conveying the elements of psychoanalytical knowledge to those versed in other fields'. This book, however, does not quite sufficiently bridge the gap to make clear the contribution of psychoanalysis to problems of organic disease. This is still a field which is essentially nonexistent, but it is nonetheless in the throes of being born. For these reasons THE PSYCHOANALYTIC QUARTERLY is giving space to a department devoted to this subject under the supervision of Flanders Dunbar, M.D. Subscribers are invited to submit reports from their clinical experience, comments, abstracts, book reviews, which have a bearing on the subject. As noted above, incidents occur in most analyses which can be presented in brief form illustrating the relationship of transitory somatic phenomena to the analytic material. Even when the relationship is not clear it may be of value to describe such occurrences as coincidences which may be either accidental or relevant.

THE EMERGENCY COMMITTEE ON RELIEF AND IMMIGRATION reports that since March, 1938, twenty-nine individuals who have come to this country from Europe have turned to the Committee for aid, advice, and assistance. Of these twenty-nine, two are neuropsychiatrists, three are lay analysts, two are medical students whose work was interrupted by the European crisis, and who were sent to us

because they had begun their analytic training abroad. The rest are physicians who are psychoanalysts and members of one of the recognized European societies. Of these, seven have been recognized abroad as training analysts. With the assistance of this Committee and of other agencies as well, positions have been found for fifteen of these emigrés in widely scattered communities of this country. There is at present a group of fourteen refugees in the New York area. Of these, three will probably remain permanently in New York itself. The rest are in all likelihood to be regarded as in transit through New York.

The Committee has made every effort to impress upon the European colleagues the necessity and the wisdom of scattering through the country. There can be no question but that if the doors of this country are to be kept open to the further immigration of refugees, it is necessary that all refugees, as they come, should move inland from the port of entry. Everyone who has studied this problem is agreed on this point, and it has not been difficult to make our European friends realize its necessity. At the same time this subjects them to grave additional emotional strain; and it is important for us to assist them in their readjustment by not pushing them too rapidly towards this difficult step. On the other hand, too long a delay before moving to a permanent home engenders fresh anxieties and new uncertainties, with an additional tendency for the emigré to become involved in commitments which then bind him to the spot where he has first arrived. For this reason it is unwise that this initial period should become unduly prolonged.

The Committee still must call upon the psychoanalytic membership for generous financial support. Funds are needed to assist some of our European colleagues with the bare necessities of life, to enable them to travel in order to take openings and positions (because we have found that people will not engage refugees whom they have not themselves seen); and finally to help them transport their belongings to their new homes, as openings become available. There is an urgent need for further monthly contributions. Checks should be made payable and sent to Bertram D. Lewin, M.D., 25 Fifth Avenue, New York City.

PSYCHOSOMATIC MEDICINE: The term 'psychosomatic medicine' is gaining currency. In the last two or three decades a number of new terms have appeared in the medical literature more or less as strangers in transit. Among the most long-lived of these are 'psychophysiology', 'psychosomatic problems', 'the organismal theory', 'psychobiology', and 'ergasiology'. These terms have a common origin in attempts to avoid the artificial separation of mind from body, a difficult matter in view of the fact that methods of approach to these two aspects of the organism's functioning differ so fundamentally both in assumptions and techniques. A new journal, *Psychosomatic Medicine: Experimental and Clinical Studies*, which has as its aim the integration of relevant contributions now scattered throughout the medical literature, and the provision of a forum for those especially interested in psychosomatic research, is to appear in January 1939. This journal is to be published quarterly, each

number having a monograph supplement to provide for the publication of longer studies and more detailed data. It is sponsored by the National Research Council, Committee on Problems of Neurotic Behavior, Division of Anthropology and Psychology. The Board of Editors consists of representatives from various special fields: Franz Alexander, Psychoanalysis; Dana W. Atchley, Internal Medicine; Stanley Cobb, Neurology; Hallowell Davis, Physiology; Flanders Dunbar, Psychiatry; Clark L. Hull, Psychology; Howard S. Liddell, Comparative Physiology; Grover F. Powers, Pediatrics; Flanders Dunbar, Managing Editor. Subdivisions of these specialties and related fields have representatives on the journal's Advisory Board: Philip Bard, Carl Binger, Herrman Blumgart, E. V. L. Brown, Walter B. Cannon, Bronson Crothers, Felix Deutsch, Earl T. Engle, Louis Z. Fishman, John F. Fulton, W. Horsley Gantt, Roy R. Grinker, Walter W. Hamburger, M. Ralph Kaufman, William J. Kerr, Lawrence S. Kubie, David M. Levy, Nolan D. C. Lewis, Karl A. Menninger, Adolf Meyer, Walter L. Palmer, Tracy J. Putnam, Stephen Walter Ranson, Saul Rosenzweig, Leon J. Saul, Elmer L. Sevringhaus, Ephraim Shorr, John H. Stokes, Marion B. Sulzberger, Edward Weiss, John C. Whitehorn, Harold G. Wolff, and Rollin T. Woodyatt.

Each number will include a review of one or more of the medical specialties. The contents of the first number is representative:

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Symposium on the Hypothalamus

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Symposium on Hypertension

Some Cardiovascular Manifestations of the Experimental Neuroses in Sheep, by O. D. Anderson, Richard Parmenter and Howard S. Liddell

Physiological and Clinical Aspects of Essential Hypertension, by Louis Leiter and Louis Katz

The Surgical Approach to Hypertension, Psychosomatic Aspects, by Geza de Takáts

The Psychological and Bodily Constitution of Essential Hypertension Cases, by Herbert Barker

Blood Pressure and Palmar Sweat Responses, by Alfred P. Solomon, Chester W. Darrow and Melvin Balurock

Relation to Inhibited Aggressions in the Psychoses, by Milton L. Miller

Psychoanalytic Study of a Case of Essential Hypertension, by Franz Alexander

Hostility in Cases of Essential Hypertension, by Leon Saul

Emotional Factors in Essential Hypertension, by Franz Alexander (A Study in Etiology)

Critical Review of Literature, by Edward Weiss

Reviews

Comment on Recent Developments in Gastroenterology, by A. Louise Brush
Abstract: Frustration as an Experimental Problem, by Saul Rosenzweig

THE SIXTEENTH ANNUAL MEETING of The American Orthopsychiatric Association, an organization for the study and treatment of behavior and its disorders, will be held at the Commodore Hotel, Lexington Avenue and 42nd Street, New York, N. Y., on February 23, 24 and 25, 1939. Dr. Norvelle C. LeMar, Secretary, 149 East 73rd Street, New York, N. Y.

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